

**EFFECTIVENESS OF THERAPEUTIC PLAY IN TERMS OF
ANXIETY AND BEHAVIORAL RESPONSE AMONG
HOSPITALIZED PRESCHOOL CHILDREN
IN MASONIC HOSPITAL AT
COIMBATORE**

**A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M.G.R.
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF
THE REQUIREMENT FOR THE DEGREE
OF MASTER OF SCIENCE IN NURSING
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ABSTRACT

Children, especially younger ones, typically fear being separated from their parents during medical visits. This fear may be heightened when the child finds themselves in the strange environment of a treatment room surrounded by unfamiliar people and facing a possibly painful experience. Loss of autonomy and control may cause the young child a great deal of anxiety.

Therapeutic play may help to reduce children stress. This play can help prepare children to face upcoming events, or it can provide catharsis by allowing children to express feelings and to reconcile, both cognitively and emotionally, painful or frightening events.

Study was done to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic hospital at Coimbatore.

The conceptual framework of the study was based on the modified Widenbach's Selphing art of clinical nursing. The study design was one group pretest post test pre experimental design – non probability purposive sampling technique was used to select 60 samples for the study. The demographics variables are collected and pretest was conducted on the first day by using anxiety rating scale and behavioral response rating scale to assess the level of anxiety and behavioral response level. Immediately after the pretest therapeutic play was given for 30 minutes for the hospitalized preschool children. The therapeutic play was given for 2 times perday, on the next day assess the post test. The data gathered were analyzed employing descriptive and inferential statistics.

There is significant difference between pretest and posttest anxiety score ('t' value = 18.9) and behavioral response ('t' value = 29.66). The result showed that therapeutic play to reduced anxiety and improved behavioral response among hospitalized preschool children.

CHAPTER - I

CHAPTER - II

CHAPTER - III

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APPENDICES

CHAPTER –I

INTRODUCTION

“Play is the only way the highest intelligence of human Kind can unfold”

-Joseph Chilton.

BACKGROUND OF THE STUDY:

A child aged three, up to when he begins school, defines the preschool age. At this time children start growing intellectually, and individually. At this age the child is becoming more independent and we can expect them to dress themselves and button clothes, brush their teeth with help, stack 9-10 blocks, draw circles and squares, use scissors, walk up steps by alternating their feet, jump from a step, hop, walk on the toes, pedal a tricycle, play with imaginary friends, have a very large vocabulary and use 3-4 word sentences and their speech should be 3/4 understandable. Over the next year the child speech will become fully understandable. Then fighting over toys, temper tantrums, aggression on the playground or in the classroom: these are routine behaviors of the preschooler.

Vincent.L., (2007)

During the hospitalization preschoolers exhibit fewer symptoms of restlessness, hyperactivity, and irritability, they do exhibit more somatic symptoms such as vomiting, urinary frequency, diarrhea, and dizziness. Preschoolers are at highest risk for behavioral problems during the hospitalization. So the nurse must support the child in developing effective coping behaviors while in the hospital.

Palmer.M., (2009)

The child staying in the hospital and cause certain problems,such as infection, fever, diarrhea, cold. Many hospital related problems are caused by having to stay in bed for long periods. Others may result from being in unfamiliar surroundings or being given drugs to relive pain or to treat a disorder. sometimes one problems leads to another. when hospitalized, certain children those who are confused, depressed, or undernourished often become less able to take care of themselves. children who cannot adequately care for themselves are more likely to have longer stays in hospital.

Palmer.M.,(2009)

Children who cannot be cared at home or in the health center or in the out patient department may be admitted to the hospital for treatment. Hospitalization is the disruption of the lifestyle of children and their families. The children's reactions to the hospitalization and coping strength depend on the age, developmental stage, body image, fear, reason for hospitalization, and the previous experience about hospitalization.

Robeyn,

et.al.,(2009)

Children may react to the stresses of hospitalization before admission, during hospitalization, and after discharge. Children and their families require component and sensitive care to minimize the potential negative effects of

hospitalization and also to promote positive benefits from the experience. Interventions should focus on eliminating or minimizing the stressors of separation, loss of control, and bodily injury and pain for children, proving specific supportive strategies for family members, such as fostering family relationships and providing information.

Wong.D.L.,(2009)

When the child, change from home to hospital environment, it's create stress for children. The child may have difference in hospital and adds to the stress, for e.g., environment, mealtime, toileting, feeding, bath time, and recreation. By under standing these factors, the nurse can explore the child's reaction, describe nursing care to provide safety, promote sleep and rest, manage sensory deprivation, relieve pain, give medications and assist in other procedures.

The hospitalized pre school children frequently expresses stress and anxiety. Play equipment should be available and the children encouraged to reduce their fear and anxiety.

Wadkar.T., (2001)

Play is an important part of the childhood development. Through play children learn about shapes, colors, cause and effect, and themselves. Besides cognitive thinking, play helps the child to learn social and psychomotor skills. It is a way of communicating joy, fear , sorrow, and anxiety .

Barbara.T.,(2009)

Play is one of the important part of nursing care. Use of play as appropriate while providing routine nursing care to the child. The use of therapeutic play is non directed and uses on helping the child cope with his or her feelings and fears. supervised play with medical equipment in the hospital environment can help children work through their feelings about what has happened to them.

Robeyn,et.al.,(2009)

Therapeutic play defined as purposeful and directive use of toys or other materials to assist children in communicating their perception and knowledge of their world and to help in gaining mastery of their environment.

Robeyn.et.al(2009)

Hospitalization and sickness are stressful experiences for a child causing behavioral changes during hospital stay and even after discharge. Many factors influence their reaction to these situations, particularly their stage of development, and their innate and acquired ability to cope with the situation. In this situation, other management strategies, such as therapeutic play may help when patients are children.

Batista.M.,(2003)

When a child is ill or traumatized the care plan may include therapeutic play. Unlike normal play in design and intent, therapeutic play is guided by the health professional to meet the physical and psychological needs of the child. Because play is the language of children, children who have difficulty putting their thoughts in words can often speak clearly through play therapy.

Robeyn.H.,(2009)

The child stays in the hospital for long periods of time the nurses can involve in the therapeutic play. Play is one of the most effective means of reducing stress in a child. The most effective means of reducing stress in a child. The nurse should try to incorporate play activities in the routine care of each pediatric patient. Before planning play activities, the age, interest, illness of the child should be taken into consideration.

Gupta.P.,(2004)

Therapeutic play is an aspect of play through which the child can attain a sense of mastery and competences during hospitalization. therapeutic play is used to assess the child's physical, emotional and developmental status to assess the child's understanding of hospitalization and procedures, to reach the child concepts and procedures, to provide diversional activities for the child and to provide an outlet for expression of feelings. It is not a play therapy as this is a techniques used to treat emotionally disturbed children.

Donna.K.et.al.,(2008)

Playing is one of the most important aspects in a child's life and one of the most efficient instruments to relieve

stress. It has many functions (reaction, stimulation, socialization, release of tension...) and can be classified in various types, emphasizing among them, therapeutic play.

Therapeutic play is defined as a structured play activity that enables the child to release the anxiety generated by abnormal situations for his/her age, that are usually threatening (such as hospitalization), and should be used whenever the child has difficulty to understand or cope with the experience. It enables children to express their feelings and gives the professional a better understanding of the child's needs and feeling.

Batista.M.,(2003)

Even though based on the principles of play therapy, therapeutic play differs from this due to the following: it can be performed by different professionals (since the child's actions and attitudes are not interpreted by them, they merely reflect the child verbal expressions); it can be indicated for any child that experiences a crisis situation (for example, hospitalization); and can be conducted anywhere, including the child bed.

Play therapy is a psychiatric technique in which the therapist analyzes and gives feedback to the patients on the situations observed, and is recommended for children with emotional disorders. It is conducted by a psychiatrist,

psychologist or psychiatric nurse and requires a well controlled environment.

Therapeutic play has been frequently uses by nurses.The use of this technique by nurses is guaranteed by the Federal Board of Nurses(COFEN).

Batista.M.,(2003)

NEED FOR THE STUDY:

Hospitalization may cause anxiety and stress at any age. Fear of the unknown is always threatening. The child who faces hospitalization is no exception. Children are often too young to understand what is happening or are afraid to ask question during hospitalization.

Marks.M.G.,(1994)

Hospitalization/illness may also entail carrying out various diagnostic procedures on the child. Children may become fearful, which may either result in loss of body control, agitation, episodes of crying or loss of their self esteem and trust in adults. Sometimes, the child may protest against being hospitalized and may show behavioral problems such as tamper tantrum, breath holding spells, enuresis etc.. Play helps children come to terms with the hurts, anxieties, and separation during the hospitalization.

Gupta.P.,(2004)

In united states 6.4 million children are hospitalized in each year. About 80% of these children are either under 1 year old of the remaining children and young children and adolescents hospitalized, the mean length of stay in the hospital is between 3.2 to 4.5 days. Hospital base therapeutic play programs are designed for those children between 3 and 13 years – old who would benefit from a psychological play intervention.

Rae et.al.,(2010)

Anxiety disorder is most frequent among younger children. Prevalence rates for children aged 3-7 years at 4.1%; the same study lists prevalence rates for children aged 12-14 years at 3.9% and a prevalence rate of 1.3% for adolescents aged 7-11years.

International

statistics(2009)

Linda Johnson et.al (2006),Conducted the study on pain responses of hospitalized children in loma linda university at USA. physiological, behavioral, and subjective responses were collected from 90 infants and children, in subgroups of 1 to 12 months, 1 to 3 years, 4 to 6 years, and 7 to 12 years. Changes in behavior were significant in all four groups, although the preschooler group was the only group that showed a significant behavioral changes during the hospitalization.

Petersen et.al (2009) conducted the study regarding prevalence of developmental and behavioral disorders in a pediatric hospital in India. In that prevalence of developmental and behavioral disorders among the hospitalized children 6months to 7 years of age was 33.5%.A total of 72 children (22.1%) had known developmental and behavioral disorders and 37 (11.4%) had suspected developmental and behavioral disorders. This high prevalence of developmental and behavioral disorders included high rates of cerebral palsy (6.1%) and mental retardation or developmental delay (8.6%).

Abdullah. Baqqi. et.al [2007] conducted the study on population based study of hospitalization incidence rate in bangladesh. In that the incidence of acute lower respiratory infection related hospital admission was 2 per 1000 children. The acute lower respiratory tract infection were 67%.higher in males than in females. The result of the study to rate of acute respiratory infection related hospitalization was high.

Thumb sucking and other comparable sucking occurred at the age level of one year in 50% of the cases in Karnataka. At the age of four years there was a frequency of 36%.If only the latter are taken into account the figure for age four is about 14%.

Klacenbergl,(2009)

The prevalence of anxiety ranges from 1.3% in individuals aged 4-6 years to 4.1-4.7% in children aged 7-11 years with an average prevalence rate of 2-4%. As many

as one third of children with anxiety have depressive disorder, and as many as 27% have another disruptive behavior disorder.

U k

statistics(2003)

In the last 30 years, research by psychologists has suggested that 10 to 30 percent of all hospitalized children suffer severe psychological disturbances and that as many as 90 percent suffer lesser emotional upsets because of the hospital stay.

Richard

severo (2001)

The investigator had personal experience during clinical postings at paediatric wards. When observing the child having anxiety due to behavioral problems such as thumb sucking, bedwetting, temper tantrum related to hospitalization. This initiated investigator that therapeutic play is necessary to provide opportunities for children to reduce anxiety and improve behavioral response among hospitalized child.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic hospital at Coimbatore.

OBJECTIVE:

- 1. To assess the level of anxiety and behavioral response before therapeutic play.**

2. To assess the level of anxiety and behavioral response after therapeutic play.
3. To assess the effectiveness of therapeutic play to reduce anxiety among hospitalized preschool children.
4. To assess the effectiveness of therapeutic play to improve behavioral response among hospitalized preschool children.
5. To find out the association between level of anxiety among hospitalized preschool children after therapeutic play with their selected demographic variables.
6. To find out the association between behavioral response among hospitalized preschool children after therapeutic play with their selected demographic variables.

OPERATIONAL DEFINITION:

EFFECTIVENES:

Producing an intended result.

Oxford

Dictionary.,(2010)

In this study it refers to determine the extent to which therapeutic play has achieved the desired effect in reducing the anxiety and improving behavioral response regarding hospitalized preschool children scored by using statistical measures.

THERAPEUTIC PLAY:-

Therapeutic play, is a set of structured activities designed according to age, cognitive development, and health related

issues to promote the psycho physiological well – being of hospitalized children.

Donna.K.et.al.,(2008)

In this study it refers to the administration of play items such as, Play thermometer, syringes and stethoscope are provided to the children for two times per day. During the play the investigator was interact with children and order to make them to manipulate these doll to reduce anxiety and improve behavioral response of the hospitalized children.

ANXIETY

Anxiety is a diffuse apprehension vague in nature and associated with feeling of uncertainty and helplessness. It occurs as a result of a threat to the person's being, self esteem, or identity.

Stuart.W.G.,(2009)

In this study refers to the anxiety as disturbance in physical, psychological and familial relationship during hospitalization.Which is measured by anxiety rating scale and it,s scores.

BEHAVIORAL RESPONSE

Behavioral response means relating to the behavior of a person and the child will give the aggregate of responses to internal and external stimuli.

In this study refers to behavioral problems such as temper tantrum, thumb sucking, bed wetting of the hospitalized preschool children. Which is measured by behavioral response rating scale.

HOSPITALIZED PRE SCHOOL CHILDREN:

Children who are admitted in the hospital in age group of 3 – 6 years for health problems. In this study, it refers to children between the age of 3 and 6 years old who are admitted in the hospital.

HYPOTHESIS :

- H₁ The mean post test anxiety scores is significantly lower than the mean pretest anxiety scores among hospitalized preschool children.**
- H₂ The mean post test behavioral response scores is significantly higher than the mean pretest behavioral response scores among hospitalized preschool children.**
- H₃ There will be a significant association between anxiety among hospitalized preschool children after therapeutic play with their selected demographic variables**
- H₄ There will be a significant association between behavioral response among hospitalized preschool children after therapeutic play with their selected demographic variables.**

DELIMITATION:

- 1. The sample size is 60**
- 2. The data collection period is 5 weeks**

PROJECTED OUTCOME:

This study helps the children to gain knowledge regarding medical procedures during the hospitalization. Therapeutic play may help the child to have a better adjustment during hospitalization there by it prevent anxiety and also it helps to improving behavioral response of the hospitalized child.

ii. CONCEPTUAL FRAMEWORK

INTRODUCTION:

Conceptual framework helps to express abstract ideas in a more reality understandable or precise from then the original conceptualization. This conceptual framework for this study was directed from “Wiedenbach,s helping art of clinical nursing theory (1969)” given by Ernestine Widenbachs.

According to Ernestine Widenbach (1969), nursing is nurturing and caring for some in a monthly fashion. Nursing is a helping service. That is hindered fashion with compassion, skill and understanding to those in need of care and confidence in the area of health, conceptual used for this study based on the concept of helping the children with hospitalization to reduce anxiety and improve behavioral response and to co-operate with the medical procedure. According to this theory nursing practice consist of three aspects which includes.

Step I : Identifying the need of the hospitalized preschool children.

Step II: Ministration of help needed

Step III: Validation that need for help was met.

CENTRAL PURPOSE:

According to the theorist the central purpose of the nurse’s action is to define the quality of health desires to affect or sustain patients specifies what recognition the central purpose as essential to the particular discipline.

In this study the central purpose is therapeutic play to reduce anxiety and improve behavioral response among hospitalized preschool children.

STEP – I: Identifying the need of the hospitalized preschool children.

According to the theorist with in the identification component there are four distinct steps. First the nurse observes the child, looking for an inconsistency between the expected behavior of the child and the apparent behavior. Second she attempts to clarify what the inconsistency means. Third she determines the cause of the inconsistency. Finally she validates with the children that her help is needed. Widenbach's believed that every individual need as a normal part of living in comfortably or capably on situation. Identification involves individualization of the patient's perception.

In pretest study the general information which comprises, In this study idea of children needs including general information which comprises the age, sex, no.of siblings, area of residence, religion, family income, educational status of mother of hospitalized preschool children were collected. In the study preschool children are identified based on the inclusion criteria non probability purposive sampling technique was used to select the children which is measured by using anxiety rating scale and behavioral response rating scale.

STEP II: Ministratation of help needed

According to the theorist in ministering to the children the nurse may give advice or information, make a referral, apply a comfort measures or carry out a therapeutic procedures. The nurse will need to identify the cause and if necessary make an adjustment in the plan of action.

According to the theorist ministering the need for help has two components,

- a) Prescription
- b) Realities.

(a) Prescription:

According to the theorist a prescription is directive to directive to activity which is specifies both the nature of the action that will most likely lead to fulfillment of the nurse's central purpose and the thinking process that determines it.

In this study prescription is plan of care to achieve the purpose which includes development, validation of tool and followed by therapeutic play was given for 30 minutes and 2 times per day. Play items such as play thermometer, syringe, and stethoscope are provided to the children and investigator was interacted with the children and order to make them to manipulate these dolls. And assess the level of anxiety and behavioral response by using anxiety rating scale and behavioral response rating scale.

Realities:

According to the theorist, the realities of the situation in which the nurse is to provide nursing care. Realities consists of

all factors – physical, psychological, emotional and spiritual that are at play in a situation in which nursing actions occur at any given moment. Realities are the immediate solution that influence the fulfillment of the central purpose nurses should consider the realities of the situation in which investigator is to providing care. widenbach defines five realities as; the agent, the recipient, the goal, the means and the framework.

(i)Agent:

According to the theorist the agent who is professional nurse or her delegated characterized by the personal attribute capacities, capabilities and most importantly commitment and competencies in nursing. In this study the investigator is the agent.

(ii)Recipient:

According to the theorist the recipient mean the children who is characterized by the personal attributes problem, capabilities and ability to cope with the concerns problems being experienced. In this study hospitalized preschool children are the recipient.

(iii)Goal:

According to the theorist the goal is the desired outcome the nurse wishes to achieve. The goal is the end of the result to be attained by nursing action.

In the study refers to the therapeutic play to reduce anxiety and improve behavioral response among hospitalized preschool children.

(iv) Means:

According to the theorist, the means comprise the practitioner is enabled to attain goal. The means includes skill, techniques, procedure and devices that may be used to facilitate nursing practice.

In this study refers to effectiveness of therapeutic play among hospitalized preschool children for 30 minutes and 2 times per day. Measured by anxiety rating scale and behavioral response rating scale.

(v) Framework:

According to the theorist, the framework is consists of the human environmental, professional and organizational facilities that not only make up the context with in which nursing is practiced but also constitute existing limits.

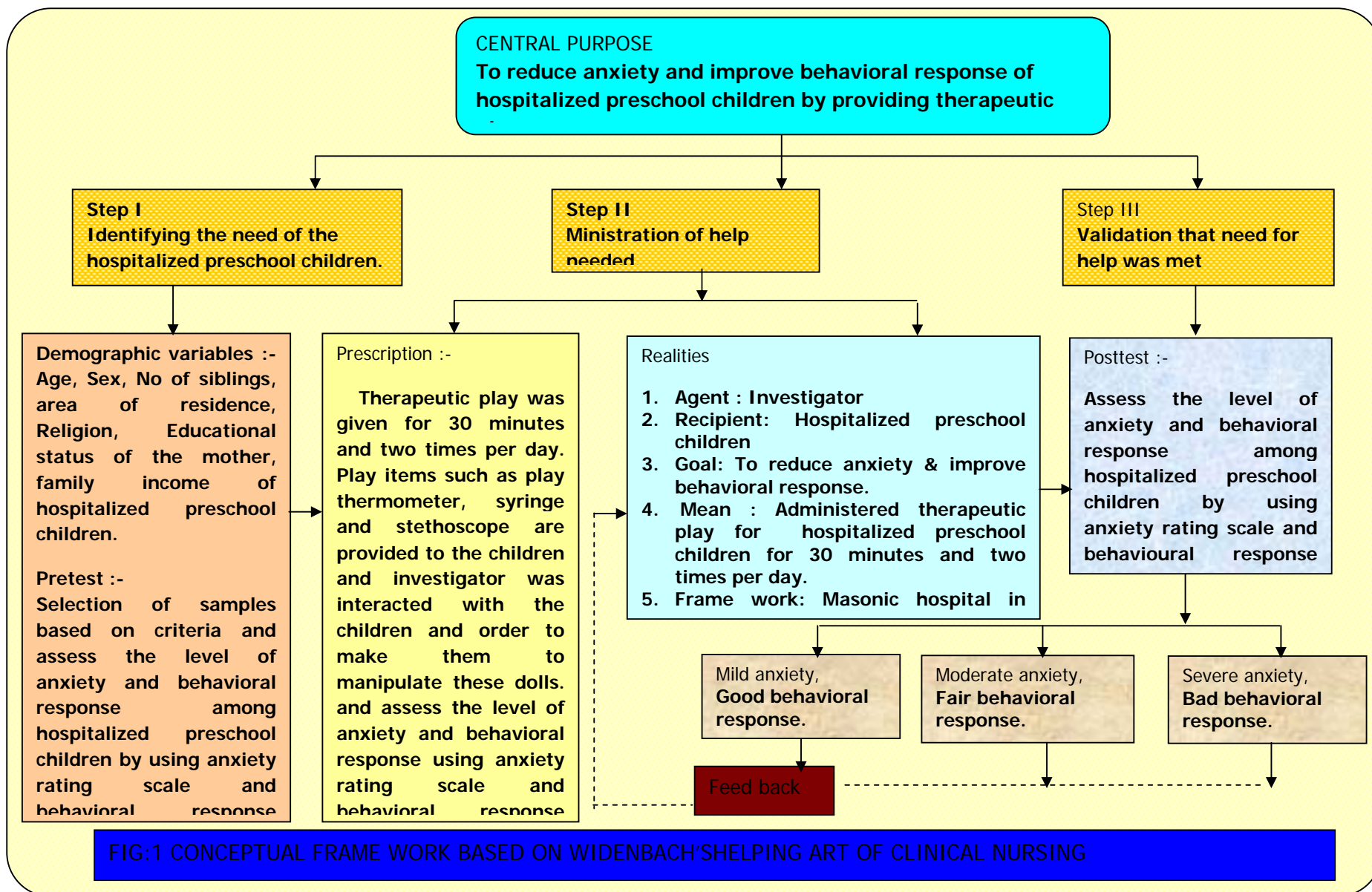
In the study it refers to the hospital set up. In patient department in Masonic medical center, Coimbatore.

STEP – III: Validation that need for help was met.

According to the theorist the component is validation. After the help has been ministered the nurse validates that the actions were indeed helpful. Evidence must from the patient that the purpose of the nursing action has fulfilled.

In this study the validated need for help was met by means of post test assessment of anxiety and behavioral response level of hospitalized preschool children after therapeutic play. Negative out come of therapeutic play who had mild, moderate

anxiety, fair behavioral response and severe anxiety, bad behavioral response that needs the ministering of needed help again.



CHAPTER – II

REVIEW OF LITRATURE

A Number of research studies have focused on psychological preparation methods that can mitigate the stress of hospitalization. Many of there studies have examined the effect or therapeutic play or education on anxiety level of hospitalized children or on changes in their behavior after discharges.

The review of literature for the present study has been organized under the following headings.

Part –I

Overview

- a. Hospitalized preschool children.**
- b. Therapeutic play.**

Part – II

- A. Studies related to anxiety of hospitalized children.**
- B. Studies related to behavioral Response of hospitalized children.**
- C. Studies related to nurses role for hospitalized children.**
- D. Studies related to therapeutic play for hospitalized children.**

PART –I

1. overview of hospitalized preschool children.

INTRODUCTION

Children who are 2 to 5 years of age defines as preschooler. This time period is a stage of continuing growth and development for your young child. He will go through many changes in his physical, mental, emotional and social development. Preschool children can be better prepared for hospitalization than toddlers because of their more advanced understanding of language.

Marlow.D.R.,(2006)

NORMAL GROWTH AND DEVELOPMENT OF PRESCHOOLER

Physical Development:

Movement: **The child's body changes as he learns to do new things. Child motor (movement) skills improve along with their balance and coordination.**

- **Body control or movement: child will be able to stand on one foot even for a short period of time. child learns to walk up and down the stairs alternating each foot. They may also be able to skip and throw a ball. Your child learns to dress and feed them self, and use the toilet on their own.**
- **Hand and finger control: child learns to focus and increases their hand skills. they can hold a book or pen more firmly. Child may also learns to turn paper pages. Later,**

the child can able to turn paper pages one page at a time, and write their name.

Weight and height: Boys may weigh about 29 to 40 pounds during this time period. Their height may reach 35 to 42 inches. Girls may weigh 27 to 39 pounds. They may grow to about 34 and one-half to 42 inches during this time. On the average, preschoolers may gain an average of 4.5 to 6.5 pounds every year.

Reuters.T.,(2010)

Mental Development:

Language: The number of words that the child knows increases as they grows older. Their ability to communicate continues to improve and mature. Child uses 4 or more words to make sentences using basic rules of grammar, such as talking in the past tense. When your child talks, most of their words are clear enough to understand.

Thoughts and ideas: During the preschool years, the child has a very active imagination. They starts to believe in magic, and may fear ghosts or monsters. They may also be afraid of the dark or being alone. When the child plays, they likes pretending to be another character. And the child may also learns the idea of time and some basic colors. They can understands what text is, and recognizes letters. They can able to retell familiar stories and follow complex directions. During this time, the child learns their gender (boy or girl).

Reuters.T.,(2010)

Emotional and social development:

The parents or family have the greatest influence on a preschooler's emotional development. During this time, The child starts to mingle with other people. They learn to play with other children and begin to understand social customs. They may want to do more things on their own, and this may lead to frustration and temper outbursts. Later, the child may be able to handle their emotions better. And the child learns to accept limits and gain freedom by doing simple tasks, such as dressing and feeding themselves.

Reuters.T.,(2010)

Play Needs:

Dramatic play is prominent. This age group likes to run, jumps, hop, and in general increases motor skills. The children like to build and create whether it is sand castles or mud pies. Play is simple and imaginative. Simple collections begin. Preschoolers enjoy riding toys, building materials such as blocks, dolls, drawing materials, cars, puzzles, books, appropriate television and videos, nonsense rhymes, and singing games. Preschoolers love pretending to be something or somebody and playing dress up. They enjoy finger paints, clay, cutting, pasting, and simple board and card games.

Barbara.T.,(2010)

The preschooler having number of behavioral problems, There are early childhood problems such as thumb sucking,

breath holding spells, temper tantrum, pica. Young child enuresis, stuttering, tics ,nail baiting.

Gupta.P.,(2004)

The hospitalized preschooler:

The preschooler may view hospitalization as an exciting new adventure or a frightening,dangerous experience depending on the preparation by caregivers and health professionals.As mentioned earlier, play is an effective way to let children act out their anxieties and to learn what to expect from the hospital situation.

Broadribb's.et.al.,(2003)

Preschoolers are frightened about intrusive procedures; therefore, it is preferable to take the temperature with an oral or tympanic thermometer rather than with a rectal one. Children are less anxious about procedures if they are allowed to handle equipment beforehand and perhaps "use" it on a doll or another toy.

Broadribb's.et.al.,(2003)

The hospitalized preschooler may revert to bedwetting but should not be scolded for it. The nurse should assure the family that this is normal. Explanations of where the bathrooms are and how to use the call light or bell to get help can help avoid problems with bed wetting. If a child is afraid of the dark, a night-light can be provided.

Broadribb's.et.al.,(2003)

Children of this age need opportunities to “play out”hospital experiences that they do not under stand. Therapeutic play may used to encourage the release of anxiety and stress during the hospitalization.

Marlow.D.R.,(2006)

2. Over view of therapeutic play

When children are hospitalized, they are physically separated from other human beings. In addition, they may feel neglected if their parents and siblings do not come near them, because of fear of cross infection. So children besides feeling lonely may also fearful of the gowns and white aprons, masks and gloves. So during illness and hospitalization children need to engage with therapeutic play. It may reduce their fear and anxiety.

Wong.D.L.,(2009)

THERAPEUTIC PLAY

Play can be broadly defined as any activity in which children spontaneously engage and find pleasurable. For children in the hospital, specific forms of play can provide an effective venue for personal development and increased well-being. In particular, therapeutic play refers to specialized

activities that are developmentally supportive and facilitate the emotional well-being of a pediatric patient.

Donna.K.et.al.,(2008)

Therapeutic play is a highly effective, nondirective way of assisting children to use hospital equipment and toys to express reactions to stressful events. This kind of play is stimulated by presenting doll figures(nurse, doctor, adult, anatomically correct child dolls, crying dolls)hospital equipment (e.g., stethoscope, catheters, IV materials). And clothing (gowns, masks, gloves), and observing or conversing with the children as they play.

Nicki.L.et.al.,(2002)

Since therapeutic play comprises activities that are dependent on the development needs of the child as well as the environment , it can take many forms. For example, therapeutic play can be delivered through interactive puppet shows, creative or expressive arts, puppet and doll play, and other medically oriented play. It can be directive or non-directive in approach and may include re-enactments of medical situations to facilitate children's adaptation to hospitalization.

Donna.K.et.al.,(2008)

During therapeutic play children are encouraged to ask questions to clarify misconceptions and express feelings

related to their fears and concerns . In this way, therapeutic play acts as a vehicle for eliciting information from children while also sharing information about what to expect from medical procedures and what sensations may be experienced.

Donna.K.et.al.,(2008)

TYPES OF THERAPEUTIC PLAY

The types of therapeutic play, including:

Dramatic play: Children act out or dramatize real-life situations. They act out anxiety and emotional stress from abuse, neglect, and various painful physical experiences. Imaginative preschool children enjoy dramatic play. Therapeutic play can teach children about medical procedures or help them work through their feelings about what has happened to them in the medical setting.

Creative play: Some children are too angry or fearful to act out their feelings through dramatic play. However, they may be able to draw a picture that expresses their emotions or communicates what they know. To encourage this expression children can be given blank paper and crayons or markers and asked to draw a picture about how they feel.

Barbara.T.,(2010)

Medical play: It prepares the young children mentally for painful or invasive procedures through familiarization of the medical equipment and process, and rehearsal of helpful coping behavior.

Distraction play: **Based on the premise that the greater the young children are absorbed in play and distracted from the medical procedure, the lesser their experience of pain.**

Expressive play: **Enables young children to express complex feelings associated with illness or hospitalization in an acceptable, enjoyable and constructive manner.**

Rapheal.,(2007)

BENEFITS OF THERAPEUTIC PLAY

Emotional benefits include...

- ♦ **Enjoyment, fun, love of life.**
- ♦ **Relaxation, release of energy, tension reduction**
- ♦ **Self- expression.**

Developmental benefits include...

Cognitive development:

- ♦ **Creativity.**
- ♦ **Abstract thinking.**
- ♦ **Imagination.**
- ♦ **Problem-solving.**
- ♦ **Social cognition, empathy, perspective-thinking.**
- ♦ **Mastering new concepts.**

Affective development:

- ♦ **Self-confidence.**
- ♦ **Self- esteem.**
- ♦ **Anxiety reduction.**
- ♦ **Therapeutic effects.**

Social development:

- ♦ Cooperation.
- ♦ Sharing.
- ♦ Turn-taking.
- ♦ Conflict resolution.

Physical development:

- ♦ Gross motor experiences.
- ♦ Fine motor experiences.
- ♦ Physical challenges.
- ♦ Self-help skills.

Attentional development:

- ♦ Attention regulation.
- ♦ Concentration.
- ♦ Persistence.

Language development:

- ♦ Communication skills.
- ♦ Vocabulary.
- ♦ Story telling.
- ♦ Emergent literacy.

Play-

Learning(2010)

PART-II

A. Studies related to anxiety of hospitalized children.

Imerda coyne., (2009) conducted the study to determine the children's experiences of hospitalization in Ireland. Data were collected via semi – structured interviews with 11 children aged between 7 and 14 years. The study findings clearly indicate that children need adequate information tailored to their needs, that their views are sought in the planning and delivery of their care and that hospital environments need to be made more child centered. So the interventions designed to reduce children's stress during hospitalization.

Bloch.Y.H,and Toer.A.,(2008), Conducted the study to determine the "Teddy Bear Hospital" as a method to reduce children's fear of hospitalization in Israel. The study group comprised 41 preschool children aged 3-6.5 years (mean 5.1 +/- 0.7 years), and 50 preschool children, age matched and from a similar residential area, served as the control group. In the results baseline levels of anxiety were not different between groups [$t(89) = 0.4$, NS], children in the "Teddy Bear Hospital" group reported significantly lower levels of anxiety than the control group at follow-up.

Vuillermine. P.et.al., (2007) Conducted the study regarding Anxiety is more common in children with asthma in barwon health center in Australia. Data collected from 5-13 years of children from

Barwon region of Victoria, Australia. Questionnaires were issued to 205 children with asthma (158 returned, response rate 77%), and 410 controls (319 returned, response rate 78%). The SCAS scores were higher in asthmatics than controls ($p < 0.001$); and were more likely to be in the clinical range ($OR = 2.5$, 95% CI 1.1 to 5.8, $p = 0.036$). The result was Children with asthma are substantially more likely to suffer anxiety than children without asthma.

Brevers.S.et.al.,(2006), **Conducted the study on Pediatric anxiety: child life intervention in day surgery in Houston.** This study was to determine if children prepared for day surgery by a child life specialist exhibited less anxiety than those who received routine standard of care. Data were collected by 142 children, aged between 5 and 11 years old. 80 children received formal preparation for their surgeries by a child life specialist and 62 received no intervention. . The anxiety score change was significantly better for the patients in the child life intervention group than for those in the nonintervention group, $F(1,135) = 4.24$, $p = .04$. The result was increase in anxiety scores in the nonintervention group suggests that children could benefit from preoperative preparation.

Aida Cruz.et.al., (2006) **Conducted the comparative study of anxiety in hospitalized children.** The aim of the study was to identify the concordance of the anxiety evaluation made by the child, the one perceived by the parent and by the nurse. A random sample of children hospitalized in the orthopedic pediatrics ($N_1 = 30$), their parent ($N_2 = 30$) and the reference

nurse($N_3=30$) was selected. Result show that the parents ($X_2=34,73$) and the nurses ($X_3=35,50$) have under estimated the anxiety felt by the children ($X_1=30,67$).

Kain.Z.N.et.al.,(1996), conducted the study on Preoperative anxiety in children. Predictors and outcomes. The purpose of the study was to determine predictors and behavioral outcomes of preoperative anxiety in children undergoing surgery. 163 children, 2 to 10 years of age (and their parents), who underwent general anesthesia and elective surgery. The result showed that A multiple regression model ($R^2 = 0.58$, $F = 6.4$, $P = .007$) revealed that older children and children of anxious parents, who received low Emotionality, Activity, Sociability, and Impulsivity (EASI) ratings for activity, there were higher levels of anxiety in the preoperative holding area. A similar model ($R^2 = 0.42$, $F = 8.6$, $P = .001$) revealed that children who received low EASI ratings for activity. Overall, 54% of children exhibited some negative behavioral responses at the 2-week follow-up. Twenty percent of the children continued to demonstrate negative behavior changes at 6-month follow-up, and, in 7.3% of the children, these behaviors persisted at 1-year follow-up. Nightmares, separation anxiety, eating problems, and increased fear of physicians were the most common problems at 2-week follow-up.

B.Studies related to behavioral Response of hospitalized children .

Marja slmela. et.al., (2010) conducted the study on behavioral changes for hospitalized preschool aged children in

Australia. The data were collected by semi-structured interviews of 4 – 6 years old volunteering children (n = 82) in Finland. 34 children were interviewed in hospital, and 48 in kinder garden. The frequent child – reported behavioral changes were; The presence of parents and other family members (81/517,15.7%), play (57/517,11%) and the child's own safety toy (45/517,8.7%). The children interviewed in hospital mentioned significantly more often play ($P = 0.000$) as their behavioral changes than children interviewed in a kindergarden. The result showed that children have more behavioral changes, especially once in which the children themselves play an active role.

Pottinger.A.M.,(2000), conducted the study to determine the Children's response to hospitalization at the University Hospital of the West Indies. The results of this study indicated that patients aged 3-13 years who had a history of previous hospitalization appeared to be significantly more distressed than patients without such previous history ($p < 0.05$). Previously hospitalized children were more uncooperative and displayed anxious, immature behavior patterns. Children who were hospitalized for more than a month were also interviewed about their concerns and response to hospitalization. The study highlighted the need for hospitalized children to be better prepared for hospitalization.

Kotiniemi.L.H.,(1996), conducted the study to determine the Behavioral changes following routine ENT operations in two-to-ten-

year-old children. Behavioral changes in 85 two-to-ten-year-old children were evaluated by the parents one day, one week and one month after a routine ENT operation. Twenty (23%) children showed no changes. Behavioral problems at least once during the observation time were seen in 52 (61%) and improvements in 28 (33%) children, 15 (17%) had both. There was no statistically significant difference between the children treated as day cases and those hospitalized for one or two nights, or between the girls and the boys. The proportion of children showing behavioral problems decreased from 59% at 1 day to 32% at 1 month after the operation. The highest incidence of problematic changes occurred in children aged 3, 5 years or younger (79%), and the incidence was lowest in the 5.0-6.9-year-olds (43%). The most common changes were an increase in seeking attention from the parents (in 34% of the children), temper tantrums (25%), waking up at nights (16%) and problems in eating (16%).

C. Studies related to nurses role for hospitalized children

Salmela.et.al,(2010) Conducted the study to determine the Coping with hospital – related fears: experiences of preschool – aged children. This study conducted for 4 to 6 year old children related to hospital fears and the meaning of coping for children. A qualitative method was chosen using a purposive sample of 89 children. The result of the study was preschool aged

children need information and guidance to orientate themselves in unknown situations and they need opportunities to play and experience pleasure.

Virginia pidgeon., (2007) **conducted the study on functions of preschool children's questions in coping with hospitalization in chicago.**24 hospitalized preschool children were selected in between the age from 3 to 5 years. Their stress level was assessed by piaget's functional classification. The findings suggest that hospitalized preschool children need therapeutic activities, routine care, play.

Ann Henkens.et.al.,(2004) **Conducted the study on Game Playing: A method for reducing young children's fear of medical procedures in children memorial hospital in USA.**A random selection of 100 healthy preschool children, between the ages of 4 and 6 years, participated in the study. Paired t test indicated a significant increase in the experimental children's knowledge of health care concept and significant decrease in their fear of medical equipment and procedures after playing the game.

D. Studies related to therapeutic play for hospitalized children.

Javad mahmoudi. et.al., (2009) **conducted the study on effect of preoperative therapeutic play interventions on post surgery anxiety I Tehran.** In clinical trial, 75 children aged 5 to 12 enrolled in the intervention and the control group. The anxiety symptoms were assessed using state – trait anxiety scale and Yale modified preoperative anxiety scale. The baseline anxiety score was lower in the intervention compare

to the control group and was statistically significant. The result of the study was using therapeutic play activities may reduce the trend of increment in the anxiety level induced by surgical procedure.

Ho Cheung William., (2008), revealed the Effectiveness of Therapeutic Play Intervention in Preparing Children for Surgery: A Randomized Controlled Trial Study in Hong Kong. A randomized controlled trial, two-group pretest and repeated posttest, between subjects design was employed. Hong Kong Chinese children (3-7 years of age; $N = 203$) who were admitted for elective surgery in a day surgery unit during a 13-month period, were invited to participate in the study. 97 of them were assigned to the experimental group receiving therapeutic play intervention, and 106 were assigned to the control group receiving routine information preparation. The results showed that children in the experimental group reported statistically significant lower state anxiety scores than the control group.

Rae et.al., (2008) conducted the study on therapeutic play produces benefits not evidenced with alternative types of play or methods of preparation in Canada. In that the researcher compared the effects of play on the psychological adjustment of 46 children, aged 5 to 10 years, who were hospitalized for an acute illness. They randomly assigned the children to one of four groups: therapeutic play, diversionary play, verbal support, and no treatment. The therapeutic play consider of

playing with medical and non medical materials as well as puppets, dolls and toy animals. During this non directive play, the facilitator encouraged re – enactments of experiences while allowing the child to reflect and interpret feeling. Result showed that children who engaged in therapeutic, non directive play showed a significant reduction in self – reported hospital fears in comparison with children from other groups.

Schwartz. et.al.,(2008) conducted the study on medically related therapeutic play was more effective than medically unrelated therapeutic play in Canada. The authors examined the effect of preoperative preparation on stress reduction in 45 children aged 3 and 4 years. The children were randomly assigned in to one of three groups: a control group, a medically unrelated play therapy group. The medically related play include providing information to the child and parent and a role play that resembled actual medical procedures with hospital toys. Result of the study was concluded that children in this group were more co operative and less upset than children in the other two groups, which suggest that medically related play can be more effective in alleviating stress than unrelated play.

Michelle Batsta, et.al., (2006) conducted the study on therapeutic play as a pain relief strategy for children with cancer in Brazil. A descriptive field research using a quantitative approach conducted at the pediatric cancer clinic of a public hospital, in the city of Sao Paulo. The data included a sample of 16 children aged 3-9 years using analgesic medication.53.8% classified their pain as 1 in a scale of 0 to 5

before therapeutic play and 23.1% classified their pain as 0 after therapeutic play. The result was the alterations observed in relation to pain characteristics are strong indications that therapeutic play is an effective auxiliary strategy for pain management in children.

Nancy kuntz et.al.,(2006) Conducted the study on Therapeutic play and bone marrow transplantation for hospitalized children in USA. This study describes a play therapy program provide in a Bone Marrow Transplant Unit, using a play cabinet designed to provide readily available, sterilized toys that are provide for each of four age groups. The result of the study was therapeutic play is an essential part of the care of children with long-term hospitalizations.

Hsiu-Lin Pan, et.al., (2004) conducted a study to determine the Application of therapeutic play in the process of nursing a preschool patient in china. The application of therapeutic play to a 4-year-old female patient with intestinal obstruction during the process of nursing. Data were collected by participant and the therapeutic play therefore was applied during the process of nursing. During the nursing process, improved the child overall compliance, provided child with an emotional outlet, and helped to the child to understand her self-image. Result of the study was therapeutic play may to reduce their stress during hospitalization.

Fabiana Faleiros.et.al.,(2002) conducted the study regarding therapeutic relation with children in the preoperative period: use of play and dramatization. This study was to analyze the therapeutic relationship between a nursing student and a 3

years old child during preoperative period. Through the use of careful development assessments, preoperative tours, and therapeutic play techniques her fears and anxiety because of hospitalization and surgery were reduced and the surgical experience was lived by the child in a constructive manner. Parents and pre-operative team have evaluated positively the preparation and assessment of the child for surgery.

Lina.K., (1998) conducted the study on therapeutic play for hospitalized preschoolers in Lebanon. In this study two – experimental design was used. Data were collected by 100 preschool children. 50 were experimental group, 50 were control group. Two tools were used to collect the data: the manifest upset scale and the co operation scale. The results showed that group of children who received therapeutic play (experimental group) were found to be calmer but not more cooperative than the control group, the manifest upset scale was significantly different between groups ($t = -5.08, df = 2, p[is less than]0.001$), but there was no significant difference between group on the mean for the cooperation scale ($t = -1.81, df = -2, NS$).

CHAPTER – III

RESEARCH METHODOLOGY

This chapter deals with the methodology adapted for the study. It includes the research approach, research design, setting of the study, criteria for sample selection, sampling technique, sample size, instrument, method of data collection, plan for data analysis.

RESEARCH APPROACH:-

This study is based on evaluative approach.

RESEARCH DESIGN:-

The research design used in this study was pre-experimental one group pre test- post test design.

PRETEST	INTERVENTION	POST TEST
O ₁	X	O ₂

O₁ : Collection of demographic data, assessment of anxiety and behavioral response among hospitalized preschool children.

X : Administering therapeutic play to reduce anxiety and improving behavioral response among hospitalized preschool children.

O₂ : Assessment of anxiety and behavioral response among hospitalized preschool children.

RESEARCH SETTING:

The study was conducted in Masonic hospital at Coimbatore. Masonic hospital is situated in Race course road at Coimbatore. Masonic hospital is 100 bedded hospital. Masonic hospital has 4 floors, and the hospital had needed services like out patient department and inpatient department. Monthly out patient censes around 700 – 800. Monthly inpatient censes of medical cases around 450 -600. Among 200- 250 were 3-6 years of age, per month.

POPULATION:

The population of the study was the hospitalized preschool children

SAMPLE:

Hospitalized preschool children with the age group of 3 – 6 years in Masonic hospital.

CRITERIA FOR SAMPLE SELECTION:

INCLUSION CRITERIA:

- 1. Children of both sexes.**
- 2. Children who are admitted with medical condition and receiving IV infusion.**
- 3. Children who are admitted in the hospital for the first time.**

EXCLUSIVE CRITERIA:

Children those who are admitted in ICU.

SAMPLE SIZE:

Sample size for the study was 60 who met the inclusion criteria's was selected for the study

SAMPLING TECHNIQUE:

Non probability purposive sampling method was used for the study

INSTRUMENT:

A. Description of the tool:

The tool consist of 3 parts.

PART – I

Demographic variable of children ,it consist of the following demographic data. Age, sex, number of siblings, religion, area of residence, family income. educational status of the mother.

PART – II

Anxiety rating scale to assess the level of anxiety. It consist of 15 items, 5 items positive statement & 10 items negative statement.

PART – III

Behavioral response rating scale to assess the level of behavioral response of the child. It consist of 20 items, 10 items positive statement & 10 items negative statement.

SCORING PROCEDURE AND INTERPRITATION:

PART –II

The instrument used for the study is anxiety rating scale which consist of five point scale. Total score is 75. Each question is rated as Never, rarely, sometimes, mostly, always.

Options	Positive	Negative
Never	5	1
Rarely	4	2
Sometimes	3	3
Mostly	2	4
Always	1	5

Interpretation of the scores

Level of anxiety	Score	Percentage
Mild anxiety	1 – 25	0 – 33
Moderate anxiety	26 – 50	34 – 67
Severe anxiety	51 – 75	68 – 100

PART – III

The instrument used for the study is Behavioral response rating scale which consist of five point scale. Total score is 100. Each question is rated as Never, rarely, sometimes, mostly, always.

Options	Positive	Negative
Never	1	5
Rarely	2	4
Sometimes	3	3
Mostly	4	2
Always	5	1

Interpretation of the scores

Level of Behavioral response	Score	Percentage
Good Behavioral response	1 – 33	0 – 33
Fair Behavioral response	34 – 66	34 – 66
Bad Behavioral response	67 – 100	67 – 100

VALIDITY AND RELIABILITY:

Validity:

The validity of the tool was established in consultation with four experts in the field of child health nursing and one pediatrician. The tool was modified according to the suggestions and recommendations of experts and finalized.

Reliability:

The reliability of the anxiety rating scale established by testing stability, equalance and internal consistency. Inter rater method was used to assess the equalance where the karl Pearson's formula was used and found to be reliable ($r=0.99$).Internal consistency was assessed by using cronbach's alpha formula and found to be reliable ($\alpha = 0.8$).

The reliability of the behavioral rating scale established by testing stability, equalance and internal consistency. Inter rater method was used to assess the equalance where the karl Pearson's formula was used and found to be reliable ($r=0.99$).Internal consistency was assessed by using cronbach's alpha formula and found to be reliable ($\alpha = 0.9$).

PILOT STUDY:-

The pilot study was conducted for a period of 7 days in the month of may. The investigator obtain written permission from the IRT perundurai medical college to conduct the study and verbal consent from each participant. Pilot study was conducted for 6 preschool hospitalized children who meet inclusion criteria was selected by using non probability purposive sampling method and establish rapport with them

and demographic variables were collected. The anxiety and behavioral response of the children regarding hospitalization was assessed by using an anxiety rating scale and behavioral response rating scale. Immediately after the pretest, Therapeutic play was given for 30 minutes to the hospitalized children, therapeutic play was given for 2 times in consecutively morning and evening. And its effectiveness was assessed on next day by using same anxiety rating scale and behavioral response rating scale. Data were analyzed and findings of the pilot study showed that the mean post test anxiety scores [25.8] SD \pm 10.43, were significantly lower than mean pretest anxiety score (63.16) SD \pm 7.27, and the mean post test behavioral response scores (95.5) SD \pm 0.76, were higher than the mean pretest behavioral response scores (26.16) SD \pm 6.69. Paired "t" test calculated value was 1.31 (table value 2.57) at $p < 0.05$ level of significant difference between the level of anxiety score and "t" test calculated value was 3.98 (table value 2.57) at $p < 0.05$ level of significance shows that there is a significant difference between the level of behavioral response score among pretest and post test. The pilot study indicated that it is feasible and practicable to conduct the main study.

DATA COLLECTION PROCEDURE:-

The main study was conducted in Masonic medical hospital at Coimbatore, in the month of June .The total number of data collection period was 5 weeks. The investigator obtained written permission from the Medical superintendent of Masonic hospital to conduct the study for hospitalized

preschool children in and verbal consent from mother of preschool children. Good relationship was maintained between the researcher, hospital personnel and mothers of preschool children. In this study 60 preschool hospitalized children was selected as a sample., in the inpatient department those who met inclusion criteria were selected by using non probability purposive sampling method.

The demographic variables are collected and pretest was conducted on the first day by using anxiety rating scale and behavioral response rating scale to assess the anxiety and behavioral response level. Immediately after the pretest therapeutic play include medical kids Such as play thermometer, syringe, stethoscope was given for 30 minutes to the hospitalized preschool children, during the play the investigator was interact with child and order to make them to manipulate these dolls. The therapeutic play was given for 2 times in consecutively morning and evening per day. And post test was done on next day by using same anxiety rating scale and behavioral response rating scale for hospitalized preschool children. Per day 2 – 3 samples were selected. The same procedure continued for 60 samples. The data was entered and analyzed using statistical measurement.

PLAN FOR DATA ANALYSIS:

DATA ANALYSIS	METHOD	PURPOSE
Descriptive statistics.	Frequency, percentage Mean and standard deviation.	To describe demographic variables. To assess the anxiety and behavioral response among hospitalized preschool children after therapeutic play.
Inferential statistics	Paired 't' test	To evaluate the effectiveness of therapeutic play to reduce anxiety and improve behavioral response among hospitalized preschool children.
	Chisquare test	To find out the association between anxiety among hospitalized preschool children after therapeutic play with their selected demographic variables To find out the association between behavioral response among hospitalized preschool children after therapeutic play with their selected demographic variables

PROTECTION OF HUMAN RIGHTS:

The research proposal was approved by the dissertation committee prior to pilot study. Verbal consent was taken from the mothers of hospitalized preschool children by explaining

the purpose of the study before collecting the data and assessing the anxiety and behavioral response.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of sample characteristics, analysis and interpretation of the data collected from mothers of hospitalized preschool children in Masonic hospital, Coimbatore.

The present study was designed to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children. The collected data were calculated, analysis using descriptive and inferential statistics and interpreted as per the objectives of the study, under the following headings:

ORGANIZATION OF THE DATA:-

- Section – A Distribution of demographic variables.**
- Section - B Assess the level of anxiety and behavioral response before and after therapeutic play among hospitalized preschool children**
- Section - C Effectiveness of therapeutic play to reduce anxiety and improving behavioral response among hospitalized preschool children.**
- Section - D Association between mean post test score of anxiety and behavioral response level of hospitalized preschool children with their selected demographic variables.**

SECTION – A Distribution of demographic variables.

Table : 1 **Frequency and percentage of demographic variables**
among hospitalized preschool children.

S. No	Demographic variables	Frequency	Percentage
1.	Age of mother		
1.1	3 – 4 years	27	45
1.2	4 – 5 years	22	37
1.3	5 – 6 years	11	18
2	Sex		
2.1	Male	31	52
2.2	Female	29	48
3	Number of siblings of the child		
3.1	One	32	53
3.2	Two	18	30
3.3	Three	10	17
4	Religion		
4.1	Hindu	37	62
4.2	Christian	11	18
4.3	Muslim	12	20
5	Area of residency		
5.1	Rural	33	55
5.2	Urban	27	45
6	Family income		
6.1	5000 – 10,000	22	37
6.2	10,001 – 15,000	15	25
6.3	15,001 and above	23	38
7	Educational status of the mother		
	No formal education		
7.1	Primary education	13	22
7.2	Higher secondary education	14	23
7.3	Graduate	14	23
7.4		19	32

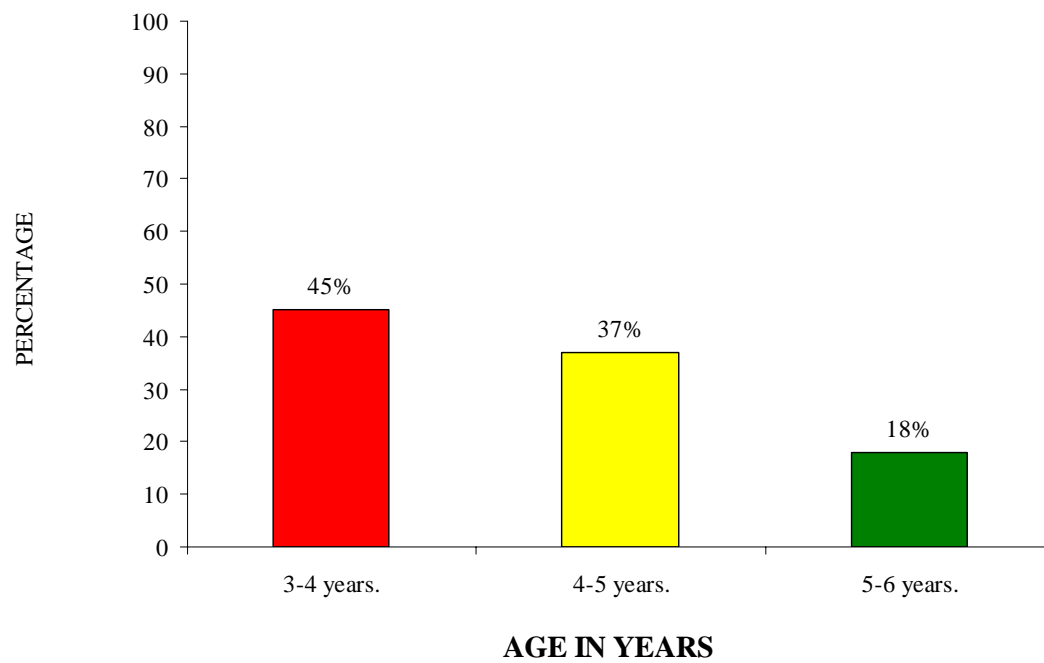


Fig 2 : Percentage distribution of hospitalized preschool children according to their age

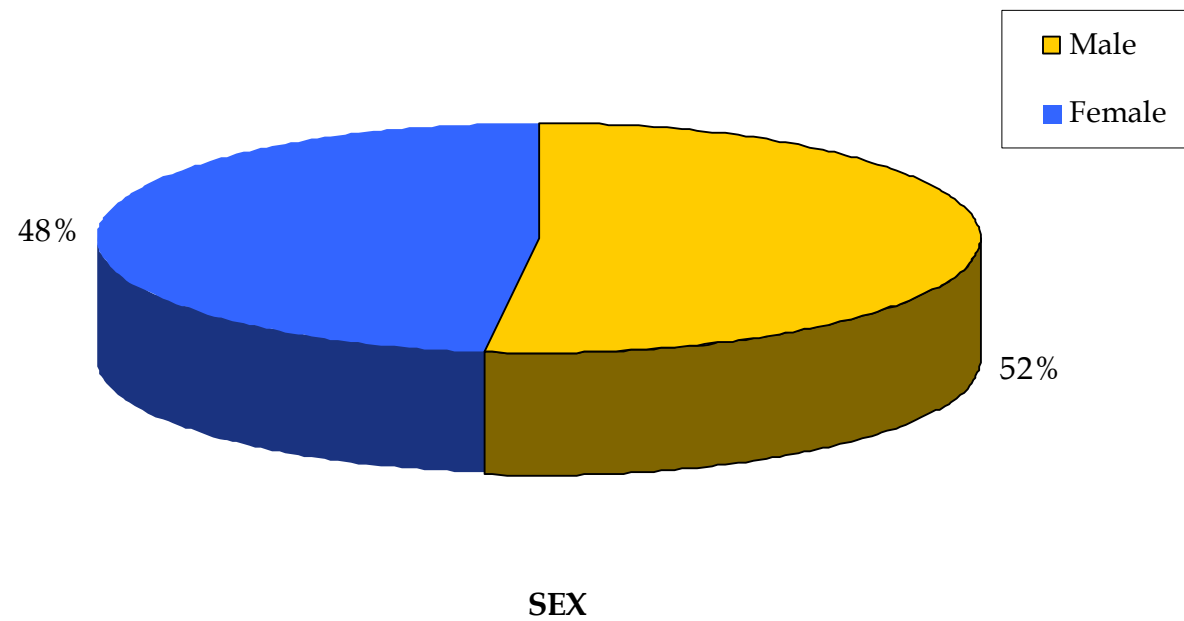
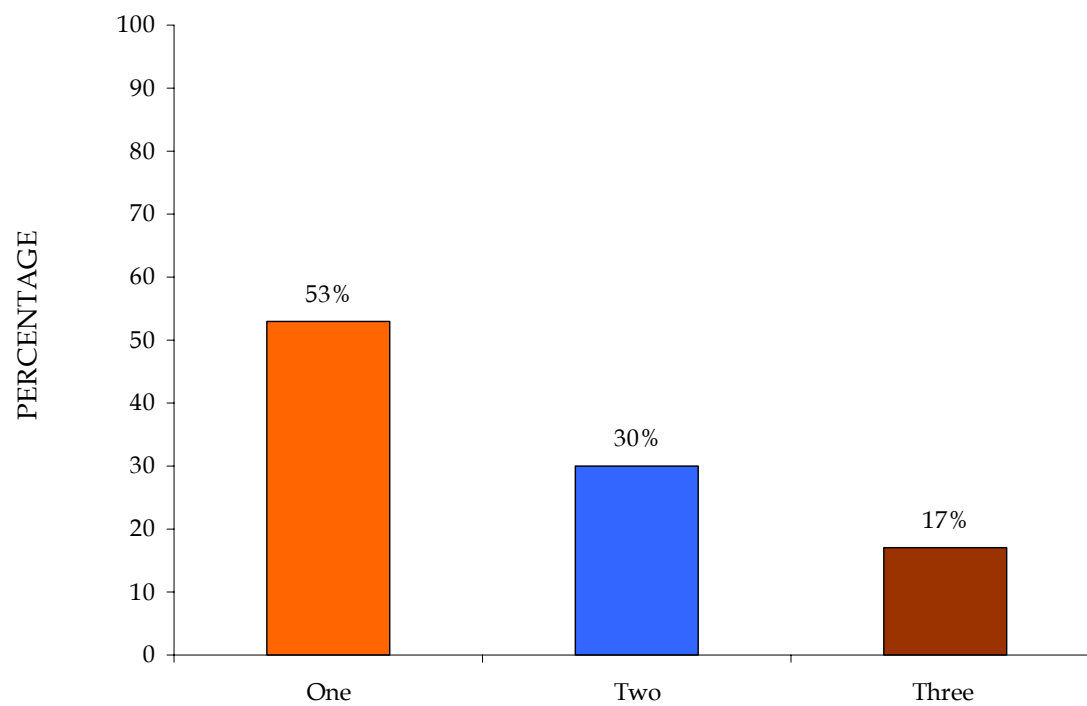


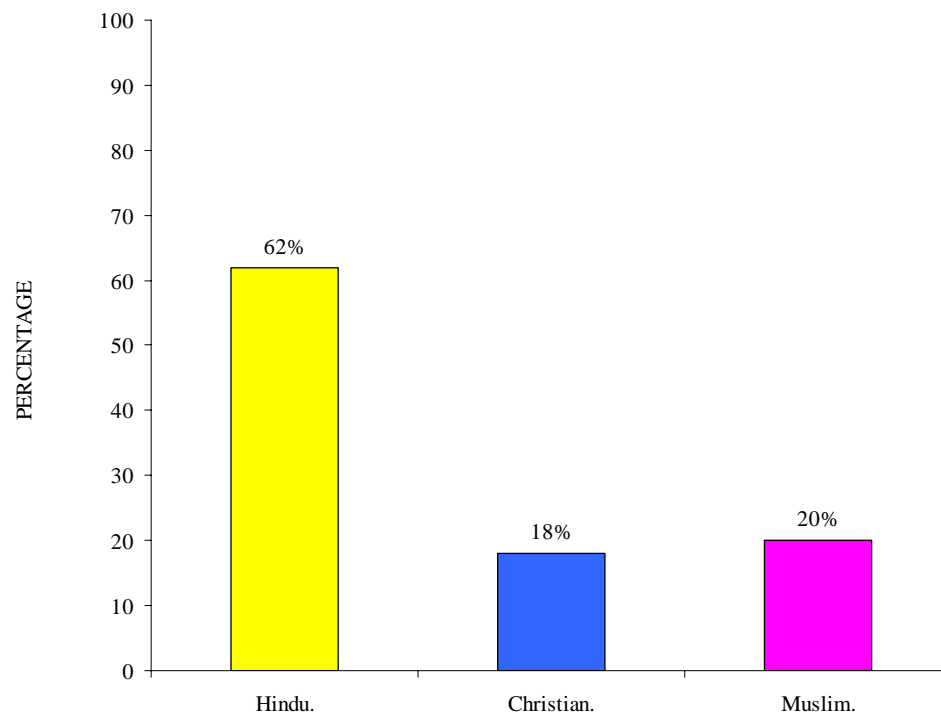
Fig 3 : Percentage distribution of hospitalized preschool children according to their Sex.

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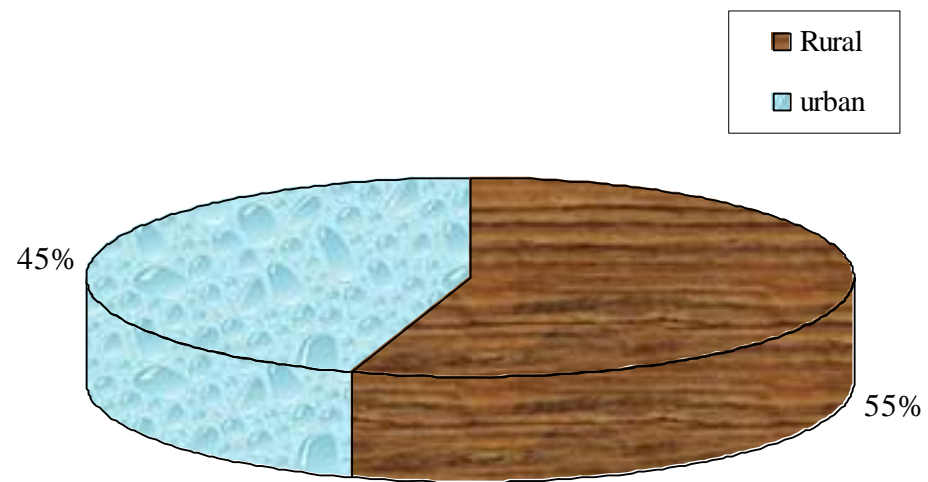
NUMBER OF SIBLINGS OF THE CHILD

Fig 4 : Percentage distribution of hospitalized preschool children according to their number of siblings.



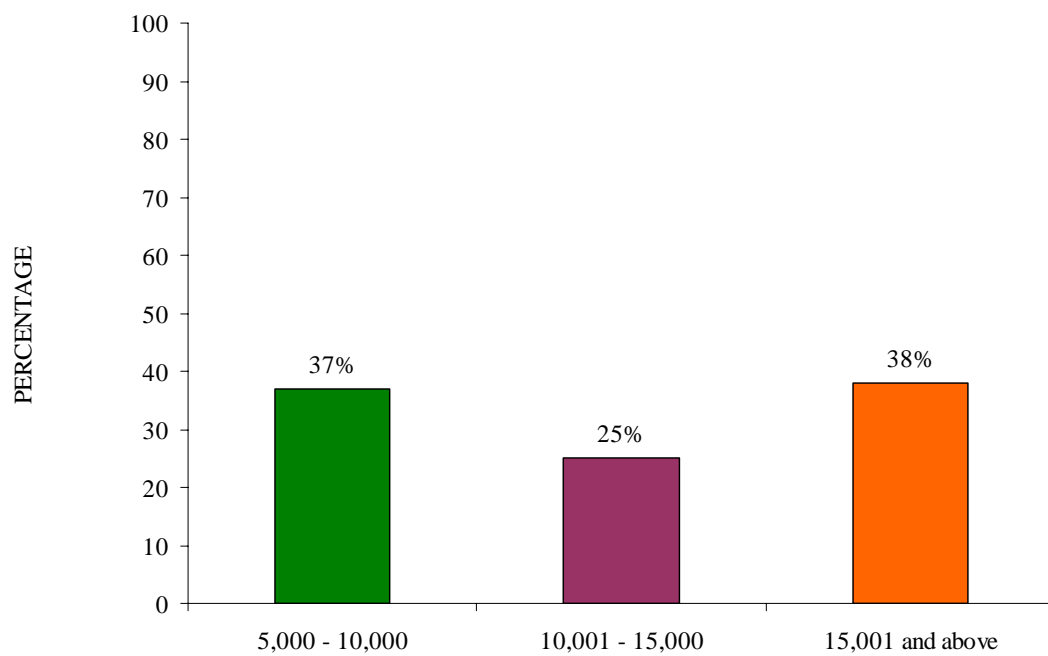
RELIGION

Fig 5 : Percentage distribution of hospitalized preschool children according to their Religion.



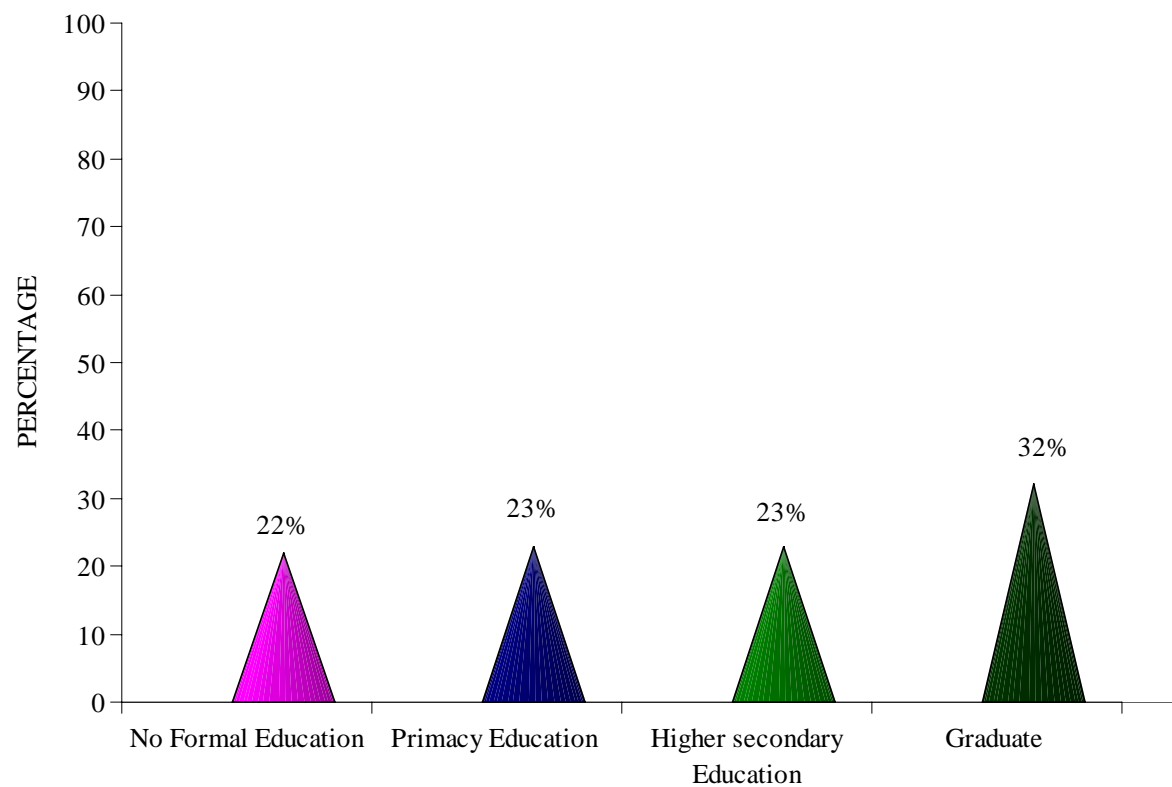
AREA OF RESIDENCY

Fig 6 : Percentage distribution of hospitalized preschool children according to their area of residence



FAMILY INCOME

Fig 7 : Percentage distribution of hospitalized preschool children according to their Family Income.



EDUCATION

Fig 8: Percentage distribution of hospitalized preschool children according to their Education.

Table 1 describes the demographic variables such as age, sex, number of sibling of the child, Religion, area of residency, Family income and educational status of the mother.

The hospitalized preschool children who belongs to the age group of 3 – 4 years were 27[45%], 4 – 5 years of hospitalized preschool children were 22[37%], 5 – 6 years of hospitalized preschool children were 11[18%].

With regards to sex, 31[52%] male and 29[48%] female.

According to number of siblings of the child, there were 32[53%] of children were having one sibling, 18[30%] of children were having two siblings, only 10 [17%] of children were having three siblings.

With regards to religion, the highest number 37[62%] of hospitalized preschool children were hindus, 11 [18%] of hospitalized preschool children were Christians, 12 [20%] of hospitalized preschool children were Muslims.

With regards to the area of residence 33[55%] were from rural area and 27[45%] were from urban area.

According to family monthly income, the data showed that 22[37%] of hospitalized preschool children family were having the monthly income of Rs. 5000 – 10,000 , 15 [25%] of hospitalized preschool children family were having the monthly income of Rs. 10,001 – 15,000, and 23[38%] of hospitalized preschool children family were having the monthly income of Rs. 15,001 and above.

There were 13[22%] of mothers with preschool children were no formal education, 14[23%] of mothers with preschool children were primary education, 14[23%] of mothers with preschool children were higher secondary education and 19[32%] of mothers with preschool children were graduate.

SECTION – B Assess the level of anxiety and behavioral response before and after therapeutic play among hospitalized preschool children.

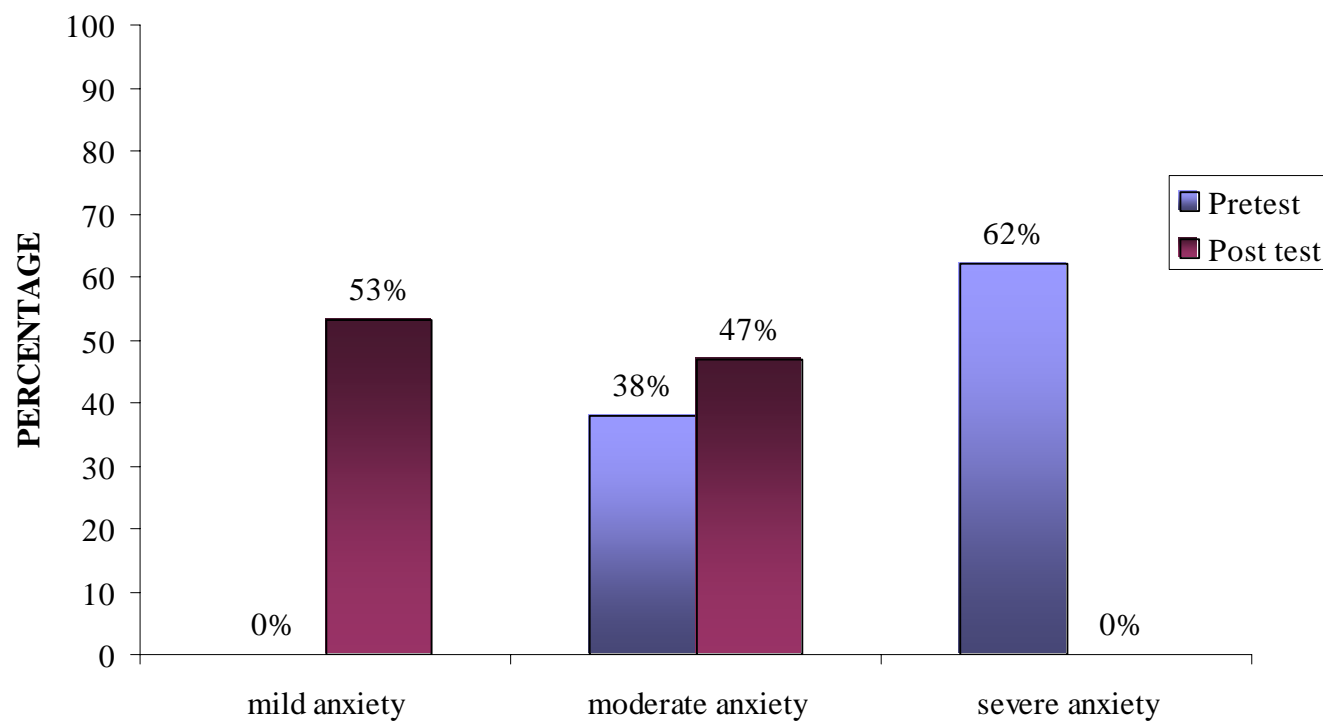
Table 2: Frequency and percentage level of anxiety before and after therapeutic play among hospitalized preschool children.

n = 60

S. No	Level of anxiety	Pre test		Post test	
		F	%	F	%
1.	Mild anxiety	0	-	32	53%
2.	Moderate anxiety	23	38%	28	47%
3.	Severe anxiety	37	62%	0	-

Table 2 showed that in pretest among 60 hospitalized preschool children, in that 23[38%] of the children had moderate anxiety, 37[62%] of the children had severe anxiety in hospitalization.

In post test among 60 hospitalized preschool children, in that 32[53%] of the children had mild anxiety, 28[47%] of the children had moderate anxiety in hospitalization.



LEVEL OF ANXIETY

Fig 9: Percentage distribution of level of anxiety before and after therapeutic play.

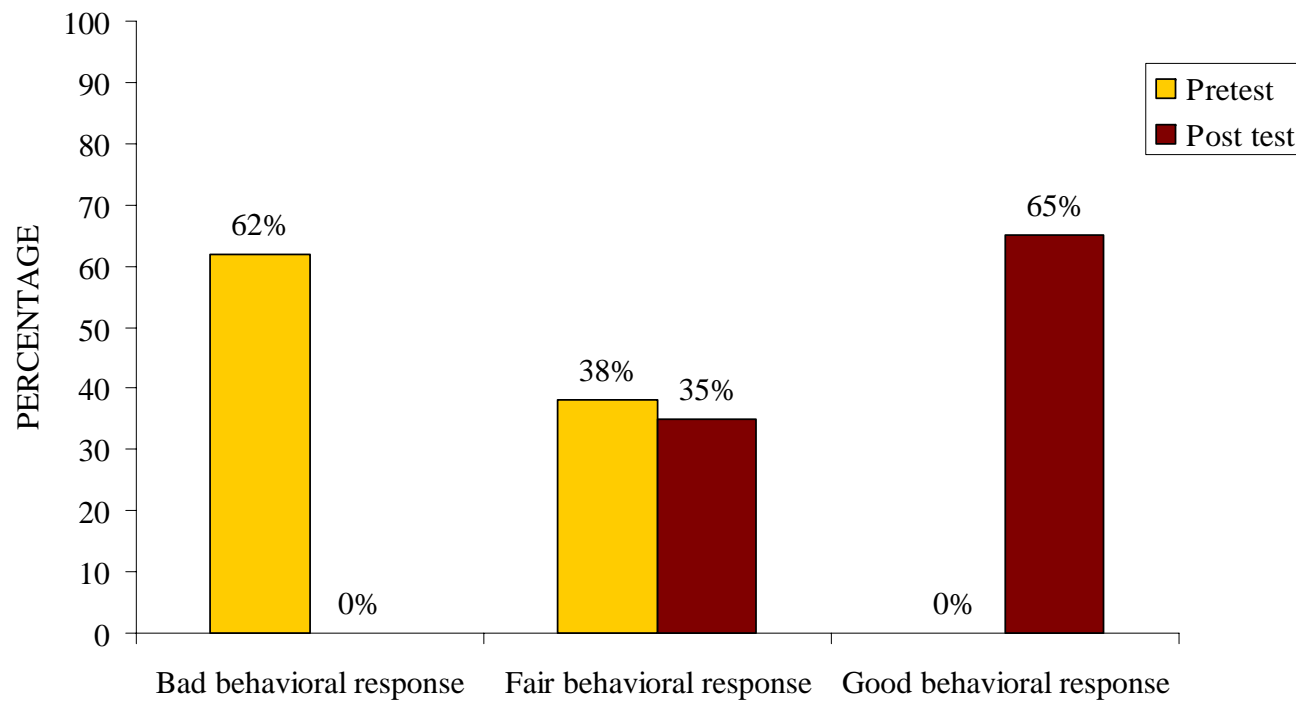
Table 3: **Frequency and percentage level of behavioral response before and after therapeutic play among hospitalized preschool children**

n=60

S. No	Level of Behavioral response	Pre test		Post test	
		F	%	F	%
1.	Bad behavioral response	37	62%	0	-
2.	Fair behavioral response	23	38%	21	35%
3.	Good behavioral response	0	-	39	65%

Table 3 showed that in pretest among 60 hospitalized preschool children, in that 37[62%] of the children had Bad behavioral response, 23[38%] of the children had Fair behavioral response in hospitalization.

In post test among 60 hospitalized preschool children, in that 21[35%] of the children had Fair behavioral response, 39[65%] of the children had good behavioral response in hospitalization.



LEVEL OF BEHAVIORAL RESPONSE

Fig10: Percentage distribution of level of behavioral response before and after therapeutic play.

SECTION - C Effectiveness of therapeutic play to reduce anxiety and improving behavioral response among hospitalized preschool children.

Table no 4: Comparison of Mean, standard deviation and “t” values of anxiety among hospitalized preschool children.

n =60

S. No	Variables	Mean	SD	Mean difference	Paired 't' value	Table value
1.	Pre test	56.01	9.42	28.08	18.9	1.671
2.	Post test	27.93	6.30			

df=59

(P<0.05)

Table 4 showed that the pretest and post test level of anxiety scores regarding therapeutic play among hospitalized preschool children were 56.01 [SD ± 9.42] and 27.93 [SD ± 6.30] and mean difference 28.08 respectively the post test mean level of anxiety score is lower than the pretest score. The Paired 't' value was 18.9. which was significant at 0.05 level.

Table no 5: **Comparison Mean, standard deviation and “t” values of behavioral response among hospitalized preschool children.**

n =60

S. No	Variables	Mean	SD	Mean difference	Paired 't' value	Table value
1.	Pre test	33.05	7.01	45.96	29.66	1.671
2.	Post test	79.01	12.83			

df=59

(P<0.05)

Table 5 showed that the pretest and post test level of behavioral response scores regarding therapeutic play among hospitalized preschool children were 33.05 [SD \pm 7.01] and 79.01 [SD \pm 12.83] mean difference 45.96 respectively. The post test mean level of behavioral response score is higher than the pre test. The 't' value is 29.66. which was significant at 0.05 level.

SECTION – D Association between mean post test score of Anxiety and behavioral response level of hospitalized preschool children with their selected demographic variable.

Table – 6 **Association of mean post test score of Anxiety of hospitalized preschool children with their selected demographic variable.**

n=60

S. No	Demographic Variable	Level of Anxiety						χ^2	Table Value	Inference
		Mild Anxiety		moderate Anxiety		Severe Anxiety				
		F	%	F	%	F	%			
1.	Age of Mother:									
	3-4 years	15	25	12	20	-	-	0.1 (df=2)	5.99	NS
	4-5 years	12	20	10	17	-	-			
	5-6 years	5	8	6	10	-	-			
2.	Sex:									
	Male	18	30	13	22	-	-	1 (df=1)	3.841	NS
	Female	14	23	15	25	-	-			
3.	Number of siblings of the child:									
	One	18	30	14	23	-	-			

	Two	10	17	8	13	-	-	0.22	5.99	NS
	Three	4	7	6	10	-	-	(df=2)		

4.	Religion :-									
	Hindu	20	33	17	28	-	-	0.01 (df=2)	5.99	NS
	Christian	6	10	5	9	-	-			
	Muslim	6	10	6	10	-	-			
5.	Area of Residence:-									
	Rural	21	35	12	20	-	-	3.12 (df=1)	3.841	NS
	Urban	11	18	16	27	-	-			
		1		6						
6.	Family income:-									
	5,000 – 10,000	12	20	10	16.	-	-	0.0 (df=2)	5.99	NS
	10,001 – 15.000	7	12	8	13	-	-			
	15,000 and above	13	22	10	16.	-	-			
7.	Educational Status of the mother:									
	No Formal Education	7	12	6	10	-	-	0.67 (df=3)	7.815	NS
	Primary Education	9	15	5	8	-	-			
	High secondary	5	8	9	15	-	-			
	Graduate	11	18	8	14	-	-			

($p < 0.05$) NS=Non significant, S=Significant

Chi-square values were calculated to find out the association (Table4) level of anxiety among hospitalized preschool children with their Demographic variables such as age, sex number of siblings, Religion Area of Residency, family income and Educational status of mother regarding therapeutic play.

The demographic variables such as age, sex, number of siblings, Religion, Area of Residency, Family income and Education status of mother had no association with level of anxiety after therapeutic play.

Table – 7 **Association of mean post test score of behavioral Response of hospitalized preschool children with their selected demographic variables.**

n= 60

S. No	Demographic variable	Level of Behavioral response						χ^2	Table Value	Inference
		Bad		Fair		Good				
		F	%	F	%	F	%			
1.	Age of Mother:							0.07 (df= 2)	5.99	NS
	3-4 years	-	-	10	17	17	28			
	4-5 years	-	-	9	15	13	22			
	5-6 years	-	-	2	3	9	15			
2.	Sex:							0.19 (df= 1)	3.84 1	NS
	Male	-	-	10	16. 6	21	35			
	Female	-	-	11	18. 4	18	30			

3.	Number of siblings of the child:									
	One	-	-	12	20	20	33			
	Two	-	-	6	10	12	20	0.17	5.99	NS
	Three	-	-	3	5	7	12	(df= 2)		
4.	Religion :-									
	Hindu	-	-	14	23	23	38			
	Christian	-	-	4	7	7	12	0.32	5.99	NS
	Muslim	-	-	3	5	9	15	(df= 2)		

5.	Area of Residence:-									
	Rural	-	-	1	18	2	37	0.07 (df=1)	3.84 1	NS
	Urban	-	-	1	17	1	28			
				0		7				
6.	Family income:-									
	5,000	-	-	-	8	13	1	0.0 (df=2)	5.99	NS
	10,000						4			
	10,001	-	-	-	5	9	1			
	15,000						0			
	15,000 and above	-	-	-	8	13	1			
							5			
7.	Educational Status of the mother:									
	No Formal Education	-	-	-	6	10	7	0.07 (df=3)	7.81 5	NS
	Primary Education	-	-	-	4	6.4	1			
	High secondary	-	-	-	4	6.4	1			
	Graduate	-	-	-	7	12	1			
							2			

(p<0.05)

NS=Non

significant, S=Significant

Chi-square values were calculated to find out the association Between level of behavioral Response among hospitalized preschool children with their demographic variables. such as age, sex, number of siblings, Religion, Family income and Educational status mother after therapeutic play.

The demographic variables such as age, sex number of siblings, Religion, Area of Residency, Family income and Education status of mother had no association with level of Behavioral Response after therapeutic play.

CHAPTER V

DISCUSSION

The aim of this pretest study was to evaluate the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic hospital at Coimbatore. 60 hospitalized preschool children were selected for the study by using non probability purposive sampling technique, the data were collected by using anxiety rating scale and behavioral response rating scale and statistically analyzed.

This chapter discussed the findings of the study as per the objectives. These findings are discussed in the following order.

OBJECTIVES:

- 1) To assess the level of anxiety and behavioral response before therapeutic play.
- 2) To assess the level of anxiety and behavioral response after therapeutic play.
- 3) To assess the effectiveness of therapeutic play to reduce anxiety among hospitalized preschool children.
- 4) To assess the effectiveness of therapeutic play to improve response among hospitalized preschool children.
- 5) To find out the association between level of anxiety among hospitalized preschool children after therapeutic play with their selected demographic variables.

6) To find out the association between behavioral response among hospitalized preschool children after therapeutic play with their selected demographic variables.

Description of the demographic characteristics of hospitalized preschool children

Regarding age the highest percentage of 27(45%) hospitalized preschool children was in the age group of 3 – 4 years, 22 (37%) were 4 – 5 years and 11(18%) were in the age group of 5 – 6 years.

With regard to highest percentage of hospitalized preschool children 31 (52%) were male and 29 (48%) were female.

Highest percentage of hospitalized preschool children 32 (53%) were having one sibling, 18 (30%) were having two siblings and 10 (17%) were having three siblings.

According to the religion highest percentage of 37 (62%) were Hindus, 12 (20%) were Muslim and 11(18%) were Christians.

Regarding area of residency, Majority of hospitalized preschool children 33 (55%) were come from rural area and 27 (45%) were come from urban area.

According to monthly family income, most of the hospitalized preschool children 23 (38%) were having the income of above 15,001, 22(37%) were having monthly

income of 5,000 – 10,000 and 15 (25%) were having monthly income of 10,000 – 15,000.

According to the educational status of the mother, 19 (32%) of mothers with hospitalized preschool children were graduate, 14 (23%) of mothers with hospitalized preschool children were primary education and 14 (23%) of mothers with hospitalized preschool children were higher secondary education, and 13 (22%) of mothers with hospitalized preschool children were no formal education.

THE FIRST OBJECTIVE: TO ASSESS THE LEVEL OF ANXIETY AND BEHAVIORAL RESPONSE BEFORE THERAPEUTIC PLAY.

It was found that most of the children had severe anxiety 37(67%). 23(38%) had moderate anxiety and also 37(62%) of the children had bad behavioral response, 23(38%) had fair behavioral response in before therapeutic play among hospitalized preschool children.

This findings was consistent with the findings of Salmela.et.al.,(2010) to determine the Coping with hospital – related fears: experiences of preschool – aged children. This study conducted for 4 to 6 year old children related to hospital fears and the meaning of coping for children. A qualitative method was chosen using a purposive sample of 89 children. The result of the study was preschool aged children need information and guidance to orientate themselves in unknown situations and they need opportunities to ply and experience pleasure.

THE SECOND OBJECTIVE: TO ASSESS THE LEVEL OF ANXIETY AND BEHAVIORAL RESPONSE AFTER THERAPEUTIC PLAY.

It was found that most of the children had mild anxiety 32(53%), 28(47%) had moderate anxiety and also 39(65%) of the children had good behavioral response 21(35%) had fair behavioral response in after therapeutic play among hospitalized preschool children.

The study findings were consistent with the findings of Javad mahmoudi et.al., [2009] the effect of preoperative therapeutic play interventions on post surgery anxiety In Tehran. In clinical trial, 75 children aged 5 to 12 enrolled in the intervention and the control group. The anxiety symptoms were assessed using state – trait anxiety scale and Yale modified preoperative anxiety scale. The baseline anxiety score was lower in the intervention compare to the control group and was statistically significant. The result of the study was using therapeutic play activities may reduce the trend of increment in the anxiety level induced by surgical procedure.

THE THIRD OBJECTIVE TO ASSESS THE EFFECTIVENESS OF THERAPEUTIC PLAY TO REDUCE ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN.

The effectiveness of therapeutic play to reduce anxiety among hospitalized preschool children shows that the mean value of 27.93 [SD± 6.30] is significantly lower when compare with the mean value of 56.01 [SD± 9.42] of the pretest anxiety level, 't' value of 18.9 shows high significance at $p < 0.05$ level.

This findings is supported by the study conducted by Lina .K, (1998),conducted a study to determine the Therapeutic play for hospitalized preschoolers in Lebanon. In this study the therapeutic play was administered to 50 preschool children in experimental group,50 children received routine care but not therapeutic play. In the findings of the study children who received therapeutic play 2.52 (SD \pm 1.28) had less anxiety had significantly lower mean value than the control group 3.76 (SD \pm 1.16) ($t = - 5.08$, $df = 2$, $p < 0.01$).This therapeutic play is a valid means of reducing anxiety among children in lebanon. Hence the research hypothesis H_1 The mean post test anxiety scores is significantly lower than the mean pretest anxiety scores among hospitalized preschool children was accepted.

THE FOURTH OBJECTIVE TO ASSESS THE EFFECTIVENESS OF THERAPEUTIC PLAY TO IMPROVING BEHAVIORAL RESPONSE AMONG HOSPITALIZED PRESCHOOL CHILDREN.

The effectiveness of therapeutic play to improving behavioral response among hospitalized preschool children shows that the mean value of 79.01 [SD \pm 12.83] is significantly higher when compare with the mean value of 33.05 [SD \pm 7.01] of the pretest behavioral response level, 't' value of 29.66 shows high significance at $p < 0.05$ level.

This findings is supported by the study conducted on Marja slmela. et.al., (2010) conducted the study on behavioral changes for hospitalized preschool aged children in Australia. The data were collected by semi-structured interviews of 4 – 6

years old volunteering children ($n = 82$) in finland.34 children were interviewed in hospital, and 48 in kinder garden. The frequent child – reported behavioral changes were; The presence of parents and other family members (81/517,15.7%),play (57/517,11%) and the child's own safety toy (45/517,8.7%).The children interviewed in hospital mentioned significantly more often play ($P = 0.000$)as their behavioral changes than children interviewed in a kindergarden. The result showed that children have more behavioral changes, especially once in which the children themselves play an active role. H_2 The mean post test behavioral response scores is significantly higher than the mean pretest behavioral response scores among hospitalized preschool children was accepted.

THE FIFTH OBJECTIVE TO FINDOUT THE ASSOCIATION BETWEEN LEVEL OF ANXIETY AMONG HOSPITALIZED PRESCHOOL CHILDREN AFTER THERAPEUTIC PLAY WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

The reduction of anxiety were assessed for the selected demographic variables such as age of mother, sex of the child, number of siblings of the child, religion, area of residence, family income and educational status of the mother was done using chi – square test. It reveals that there was no statistical significant association.

This findings is supported by the study conducted by Lina .K.,(1998), conducted a study to determine the Therapeutic play for hospitalized preschoolers in Lebanon. In

this study significant differences were found between the experimental and control groups as to mean age and sex distribution of the children, the types of operations or the father's occupation. Hence the research hypothesis H_3 There will be a significant association between anxiety among hospitalized preschool children after therapeutic play with their selected demographic variables was rejected.

THE SIXTH OBJECTIVE TO FIND OUT THE ASSOCIATION BETWEEN BEHAVIORAL RESPONSE AMONG HOSPITALIZED PRESCHOOL CHILDREN AFTER THERAPEUTIC PLAY WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

The Improvement of behavioral response were assessed for the selected demographic variables such as age of mother, sex of the child, number of siblings of the child, religion, area of residence, family income and educational status of the mother and found there was no statistical significant association.

This findings is supported by the study conducted by Lina.K.,(1998), conducted a study to determine the Therapeutic play for hospitalized preschoolers in Lebanon. In this study no significant differences were found between the experimental and control groups as to mean age and sex distribution of the children, the types of operations or the father's occupation. There was no significant difference between groups on the mean for the cooperation scale ($t = -1.81, df = 2, NS$). Hence the research hypothesis H_4 There will be a significant association between behavioral response among hospitalized preschool children after therapeutic play with their selected demographic variables was rejected.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION, RECOMMENTATIONS AND LIMITATIONS

This chapter is divided into 5 aspects:-

- **Summary**
- **Conclusion**
- **Implications**
- **Recommendations**
- **Limitation**

SUMMARY;

The focus of the study was done to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children. The design used for this study was pre experimental one group pretest – post test design. The conceptual frame work based on modified widen bach's helping art of clinical nursing. conceptual frame work model. the subjects were selected non probability purposive sampling technique. 60 children are with in the age group of 3 – 6 years were selected. The demographic variables are collected and pretest was conducted on the first day by using anxiety rating scale and behavioral response rating scale to assess the anxiety and behavioral response level. Immediately after the pretest therapeutic play was given for 30 minutes, 2 times per day for the hospitalized preschool children. The instruments used for the study were demographic variable, anxiety rating scale and behavioral response rating scale. The analysis, descriptive and inferencial were used .The major findings are summarized as follows.

MAJOR FINDINGS OF THE STUDY

Distribution of demographic characteristics of the hospitalized preschool children.

- Majority of the children 27(45%) were in the age group of 3-4 years.
- Most of them were male 31(52%).
- Majority of the children had one sibling 32(53%).
- Highest number of children from Hindu family 37(62%).
- Majority of the children were 33(55%) from rural areas.
- Most of the parents 23(38%) were having monthly income of Rs.15, 000 and above.
- Majority of the mother 19(32%) had graduate.

It was found that most of the children had severe anxiety 37(67%) ,23(38%) had moderate anxiety and most of the children had bad behavior response 37(62%) 23(38%) had fair behavior response in before therapeutic play among hospitalized preschool children.

It was found that most of the child had mild anxiety 32(53%) 28(47%) had moderate anxiety and most of the children had 39(65%) good behavioral response and 21(35%) had fair behavioral response in after therapeutic play among hospitalized preschool children.

The effectiveness of therapeutic play to reduce anxiety and improving behavioral response among hospitalized preschool children shows that the mean value of 27.93 [SD± 6.30] is significantly lower when compare with the mean value

of 56.01 [SD \pm 9.42] of the pretest anxiety level, 't' value of 18.9 shows high significance at $p < 0.05$ level. and the mean value of 79.01 [SD \pm 12.83] is significantly higher when compare with the mean value of 33.05 [SD \pm 7.01] of the pretest behavioral response level, 't' value of 29.66 shows high significance at $p < 0.05$ level.

The study revealed that the anxiety and behavioral response scores regarding hospitalized preschool children was highly significant after administration of therapeutic play. Findings showed that the therapeutic play was effective for hospitalized preschool children thus therapeutic play is an important role in reducing anxiety and improving behavioral response of hospitalized preschool children.

The reduce anxiety and improve behavioral response were assessed for the selected demographic variables such as age of the child, sex of the child number of siblings of the child, religion, areas of residence, family income and educational status of the mother was done using chi-square fast. It reveals that was no statistical significant association.

CONCLUSION:

The present study assessed the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic hospital at coimbatore. Based on the statistical finding, it is evident that the therapeutic play reduce the anxiety level ("t" value 18.9) and improve behavioral response ("t" value 29.66) among hospitalized preschool children. Therefore the investigator felt

that more importance should be given to provide therapeutic play for hospitalized preschool children to reduce anxiety and improve behavioral response.

NURSING IMPLICATIONS

NURSING SERVICE:-

- 1. Health promotion is a vital function of the nurse can organize for mass education in the ward regarding therapeutic play using different A.V. Aids.**
- 2. Teaching programme regarding therapeutic play must be organized in pediatric ward.**
- 3. The therapeutic play can be used by the nurse to implement the services to the pediatric ward.**

NURSING EDUCATION:

- 1. Educate the student regarding therapeutic play that will help them to educate mother in their clinical posting.**
- 2. The finding would help nurse in planning, organizing and implementing educational programme in the school children.**

NURSING ADMINISTRATION:

- 1. The nurse administrator should conduct in- service education to disseminate the research findings through continuous nursing educations to all nurses.**
- 2. Cassettes, compact disc about therapeutic play information on child adjustment in terms of anxiety and behavioral response can be made available to nursing staff in the wards and to nurse educators in nursing educational institution.**

3. Clinical nurses and nurse educators should given in – service education to update their knowledge regarding therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children.

NURSING RESEARCH:

1. This study findings may be effectively utilized by the emerging researchers.
2. This study can be baseline for further studies to build upon.

RECOMMENTATION

1. This similar study can be replicated on control group and experimental group.
2. A study can be conducted to identify the practices of preschool children to prone the result of the study.
3. This similar study can be replicated on large sample there by findings can be generalized for a population.

LIMITATION:

The researcher has faced difficulty to get co operation to the mother as because they were unaware about importance of therapeutic play.

BIBLIOGRAPHY

1. **Basavanthappa.T., (2006).** *pediatric/child health nursing.* (2nd ed)New delhi: Ahiya publishing house, Pp:263 – 265.
2. **Broadribb's.,(2003).** *Introductory Pediatric Nursing*(6th ed),Williams Wilkins publications.Pp: 43,54,297,302.
3. **Gupta.P., (2004).** *Essential Paediatric Nursing.*(1st ed) New Delhi: Jaypee Brothers, Medical Publishers. Pvt.Ltd. Pp 24 – 26.
4. **Gupta.S., (2004).** *The Short Text Book Of Paediatrics.* (10th ed) ,New Delhi: Jaypee Brothers, Medcal publishers Pvt Ltd. Pp: 88 – 92.
5. **Ghai.O.P.,et.al., (2004).** *Essential Paediatrics Nursing.* (6th ed), Bangalore: CBS Publications and Distributers.Pp:115 -116.
6. **Hockenberry.,et.al., (2006).** *Nursing Care Of Infant And children* (7th ed). New Delhi : Elesvier publication Pp:78 – 80.
7. **Marlow.D.R.,(2002).** *Text Book Of Paediatric Nursing.* (6th ed) New Delhi'', Elsevier Publications.Pp: 788 – 798.
8. **Marks.G.M.,(1994).** *Introductory Peadiatric Nursing.* (4th ed), Lippincott Company Publication,Pp: 19,31,32.
9. **Melanie Mc Ewen.et.al.,(2007).** *Theoritical Basis For Nursing.*(2nd ed), Lippincott Williams and Wilkins publishers.Pp:277,278.
10. **Neeraja.K.P.,(2006).** *Text Book Of Growth And Development For Nursing Students.* (1st ed), New Delhi: Jaypee Brothers,Pp: 142-148.

11. **Nicki.L.et.al.,(2002). *Pediatric Nursing*. (2nd ed), INDIA: Sanat Printers, Pp: 451,461.**
12. **Prabhakara.G.,(2006). *Biostatics*",(1st ed),NewDelhi: Jaypee Brothers Medical Publication, Pp: 30-36.**
13. **Vishwanathen.el.al.,(2000). *Achar's text book of pediatrics*.(3rd ed), Hyderabad: Orient Longman.Pp:13-15.**
14. **Wadker.T.,(2001), *Paediatric Nursing* (2nd edition),Vora Medical Publications. Pp:4.**
15. **Stuart.W.G.,(2009), *Principles and practice of psychiatric nursing*, (9TH ed), Elsevier publication.pp:712.**

JOURNAL STUDY

16. **Abdulla H. Baqui, (June 2007) , "A population – based study of Hospital Admission Incidence Rate and Bacterial Aetiology of Acute Lower Respiratory Infections In children Aged Less than Five Years in Bangladesh" Journal of health, Population and nutrition.**
17. **Fabiana Faleiros,(2002)" Therapeutic relation with children in the preoperative period: use of play and dramatization" Revista da Escola de Enfermagem da U S P.**
18. **Sandra graham,Ph D,(Aug 2007) "Behavioral Disturbances Among Medically Hospitalized children, Journal of child and Adolescent psychiatric Nursing.**
19. **Hu li za zhi.,(2006)" Therapeutic play" The journal of Nursing.**

20. Hsiu-Lin Pan.et.al.,(2004),” Application of therapeutic play in the process of nursing a preschool patient” **The journal of nursing.**
21. **Kuntz.N.et.al.,(2006)”Therapeutic play and bone marrow transplantation”** Journal of Pediatric Nursing.
22. **Kennedy.C.,(2004),” Behavioural, emotional and family functioning of hospitalized children in China and Hong Kong.** International Nursing Review.
23. Martins.M.R.et.al.,(2001),” Protocol for the preparation of preschool children to venous puncture using therapeutic play” **Revista Latino-Americana de Enfermagem.**
24. *Petricia, (2010), “Etiology and epidemiology of viral pneumonia among hospitalized children in rural mozambique: a malaria endemic area with high prevalence of human immunodeficiency virus” **Pediatric Infectious disease Journal.***
25. **Virginia pidgeon, (Jan 2007) “Functions of preschool children’s questions in coping with hospitalization,** Research in Nursing and Health.
26. **Ribeiro.J.P.et.al.,(2002),” The use of a therapeutic toy, as a tool for nursing intervention, in the preparation of children for blood sampling”** Revista da Escola de Enfermagem da U S P.
27. **Kennedy.C.,(2004),” Behavioural, emotional and family functioning of hospitalized children in China and Hong Kong.** International Nursing Review.

28. Salmela, (2010), "The Coping with Hospital-related fears:experiences of pre school-aged children" **Journal of Advanced Nursing**.
29. **Schulz.B.J.et.al., (2002)" The effects of a preoperational puppet show on anxiety levels of hospitalized children"** Children's Health Care.
30. *Ho Cheung William, (2008), "Effectiveness and Appropriateness of Therapeutic Play Intervention in Preparing Children for Surgery: A Randomized Controlled Trial Study" Journal for Specialists in Pediatric Nursing.*

NET STUDY:

<http://www.ncbi.nlm.nih.gov/pubmed/19265242>

<http://nejm.org/cgi/content/abstract/321/22/1506>

<http://www.pakmedinet.com/545>

<http://ihciftci@hotmail.com>

http://niv_em@netvision.net.il

<http://creativecommons.org/licenses/by/2.0>

<http://www.iejhe.org>

http://www.path.org/files/DC_low_Literacy_Guide.

APPENDICES - A



MASONIC MEDICAL CENTRE FOR CHILDREN

(A UNIT OF COIMBATORE MASONIC CHARITY TRUST)

232, RACE COURSE ★ COIMBATORE - 641 018 ★ PHONE : 2220663 (6 Lines)

FAX : 0422-2221765 ★ E-mail : info@masonichospital.org

Date :

03rd June 2010

To

The Principal,
Bishop's College of Nursing,
C.S.I.Mission Compound,
Dharapuram – 638 656
Tirupur Dt.

Dear Madam ,

With reference to your letter BCN/140/1/4/2010 dt.20.04.2010 we wish to inform you that we will permit your student Ms.G.Ruby – M.Sc Nursing to conduct a project work on “A Study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized pre school children (3 -6 years) “ in our Masonic Hospital.

A copy of this project report to be submitted to the hospital..

This is for your kind information.

Thanking you,

Yours faithfully,

(K.V.RANGANATHAN)
GENERAL MANAGER

APPENDICES - B
LETTER SEEKING EXPERT'S OPINION FOR
VALIDITY OF TOOLS

From

Mrs.G.Ruby,
M.sc (nursing) II year,
Bishop's College of Nursing,
Dharapuram.

To

Respected Madam/Sir,

SUB : Requisition for content validity of tool

I am M.sc (Nursing) second year student of Bishop's College of Nursing, Dharapuram, under Dr. M.G.R Medical University, Chennai. As a partial fulfillment of my M.sc (N) Degree Programme, I am conducting a research on **"A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic hospital at Coimbatore."** One of the initial steps of the research study is to develop a tool. I am sending the above stated for content validity and for your expert and valuable opinion.

I will be very thankful to return it to the undersigned.

Your's sincerely,

(G.RUBY)

Encl ;

1. Certificate of content validity
2. Statement of problem, objectives, operational definition, hypothesis
3. Description of the tool and tool for data collection

4. Self addressed envelope

APPENDIX – C


CHILD HEALTH NURSING

LIST OF EXPERTS OF VALIDATION

- 1) **Prof. Maliga Rajadurai, M.Sc(N)., Ph.D.,**
Principal,
Department of Child Health Nursing,
Sara College of Nursing,
Dharapuram.
- 2) **Mrs. , P.Shanthi M.Sc(N).,**
Vice-Principal,
Department of Child Health Nursing,
G. Kuppusamy Naidu Memorial Hospital,
Institute of Nursing,
Coimbatore.
- 3) **Mrs. E.Binu Margret, M.Sc(N).,**
Assistant Professor,
HOD,
Department of Child Health Nursing,
Manipal College of Nursing,
Manipal.
- 4) **Mrs. D.Premalatha, M.Sc(N).,**
Reader,
Department of Child Health Nursing,
Christian college of nursing,
Neyyoor.
- 5) **Dr. Arivanand, M.B.B.S., D.Ch., M.D.,**
Pediatric Medicine,
Maharishi Nursing Home,
Dharapuram.

CERTIFICATE FOR VALIDITY

This is to certify that the project tool on **“A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic Medical Centre at Coimbatore”** has been validated by me and found appropriate with mentioned suggestions.

Signature : 

Name : MALLIKA RAJADURAI

Designation : Professor

College : SARANG College
Dhanapuram.

CERTIFICATE FOR VALIDITY

This is to certify that the project tool on **“A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic Medical Centre at Coimbatore”** has been validated by me and found appropriate with mentioned suggestions.

Signature : P. Shanthi

Name : P. SHANTHI

Designation : Vice principal

College : A.K.N.M
Institute of Nursing
Coimbatore - 37

CERTIFICATE FOR VALIDITY

This is to certify that the project tool on **“A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic Medical Centre at Coimbatore”** has been validated by me and found appropriate with mentioned suggestions.

Signature : 

Name : Mrs. E. Binu Margaret

Designation: Assistant Professor

College : Manipal College of Nursing
Manipal.

CERTIFICATE FOR VALIDITY

This is to certify that the project tool on **“A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic Medical Centre at Coimbatore”** has been validated by me and found appropriate with mentioned suggestions.

Signature :

Name :

Designation :

College :



D. Premalatha

Reader in NSR,

Christian College
of NSG,
Neyyoor. 629803

CERTIFICATE FOR VALIDITY

This is to certify that the project tool on “A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic Medical Centre at Coimbatore” has been validated by me and found appropriate with mentioned suggestions.

Signature :



Name :

Dr. D. S. ARIVANAND, M. B. B. S., M. B. (Ped),
Registration No. 57647
MAHARISHI NURSING HOME
Near Bus Stand,
DHARAPURAM-698656.

Designation :

College :

APPENDIX – D

CERTIFICATE OF ENGLISH EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation work, " A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic hospital at Coimbatore." done by Ms.G.Ruby, II Year M.Sc (Nursing) student of Bishop's College of Nursing, Dharapuram is edited for English Language appropriateness by _____

Date : 12.01.11

Address :


Signature

P.SAMPATH

**P.SAMPATH, M.A., M.Phil., M.Ed.,
Lecturer in English,
Maharani Teacher Training Institute,
Dharapuram.**

APPENDIX - E


CERTIFICATE OF TAMIL EDITING

TO WHOM SOEVER IT MAY CONCERN

This is to certify that the dissertation work, "A study to assess the effectiveness of therapeutic play in terms of anxiety and behavioral response among hospitalized preschool children in Masonic hospital at Coimbatore." done by Ms.G.Ruby, II Year M.Sc (Nursing) student of Bishop's College of Nursing, Dharapuram is edited for Tamil Language appropriateness by _____.

Date :

Address :



Signature

(சா.ம. செந்தில்குமார்)

D.M.SENTHIL KUMAR, M.A., B.Ed., M.Phil,
Guest Lecturer.
Department of Tamil,
Alagappa University Study Centre,
DHARAPURAM - 638656.

APPENDIX - F

PART - I

DEMOGRAPHIC VARIABLES OF CHILDREN

1. Age of the child
 - a. 3 – 4 years
 - b. 4 – 5 years
 - c. 5 – 6 years
2. Sex
 - a. Male
 - b. Female
3. Number of siblings of the child
 - a. One
 - b. Two
 - c. Three
4. Religion
 - a. Hindu
 - b. Christian
 - c. Muslim
5. Area of Residence
 - a. Rural
 - b. Urban
6. Family Income
 - a. 5000 – 10,000
 - b. 10,001 – 15,000
 - c. 15,001 and above
7. Educational status of the mother
 - a. No formal education
 - b. Primary education
 - c. Higher secondary education
 - d. Graduate

PART - II

STRUCTURED INTERVIEW SCHEDULE

ANXIETY RATING SCALE

S. No	Statement	Never	Rarely	Some time	Mostly	Always
1	Child is afraid of meeting or talking to unfamiliar people					
2	Child cries easily					
3	*Child looks cheerful					
4	*Child shows interest in activities					
5	*Child has good concentration					
6	Quite, no noise (or) does not answer to others					
7	Child has increased respiration					
8	Face Flushed					
9	Child has nightmares					
10	Child shows bodily signs of fear (e.g Sweating)					

11	Child has dry mouth					
12	Fear of harm to self					

13	*Child passes stool normally					
14	Child develops nausea during prolonged crying					
15	*Child feel happy and smiling while playing					

***Positive answer**

Score for positive statement

Never - 5, Rarely - 4, Sometime - 3, Mostly - 2, Always - 1

Score for negative statement

Never - 1, Rarely - 2, Sometimes - 3, Mostly - 4, Always - 5

Total score - 75

Mild anxiety - 1 - 25

Moderate anxiety - 26 - 50

Severe anxiety - 51 - 75

Source: Susan. H., "Preschool anxiety scale", 1999.

gFjp-m

FHe;ijapd; Ra Fwpg;g[tptu';fs;

- 1) FHe;ijapd; taJ
m) 3 Kjy; 4 tiu
M) 4 Kjy; 5 tiu
,) 5 Kjy; 6 tiu
- 2) ghypdk;
m) Mz;
M) bgz;
- 3) FHe;ijapd; cld; gpwe;jth;fspd; vz;zpf;if
m) xd;W
M) ,uz;L
,) \d;W my;yJ mjw;F nky;
- 4) kjk;
m) ,e;J
M) fpwp!;Jtk;
,) K!;yPk;
- 5) trpf;Fk; gFjp
m) fpuhkk;
M) efuk;
- 6) FLk;g khj tUkhdk;
m) 5000 Kjy; 10/000 tiu
M) 10/001 Kjy; 15/000 tiu
,) 15/001 my;yJ mjw;F nky;
- 7) jhapd; gog;g[tptuk;
m) gog;gwptpd;ik
M) Kjy;epiy fy;tp
,) nky;epiyfy;tp
<) gl;ljhhp

gFjp – M

gjl;l mst[nfhy;

t. vz;	thf;fpak;	xUnghJk; ,y;iy	vg;bghG -jhtJ	bghJthf	mof;fo	vg;bghGJk;
1.	FHe;ij gHf;fkpy;yhjth;fspk; ngrt[k;/ mth;fis re;jpf;ft[k; gag;gLfpwJ.					
2.	FHe;ij Rygkhf mGfpwJ					
3.	FHe;ij cw;rhfj;Jld; fhzg;gLfpwJ.					
4.	FHe;ij vy;yh bray;fspYk; mjp Mh;tk; fhl;LfpwJ					
5.	FHe;ijapd; kd xUikg;ghL ed;whf cs;sJ					
6.	mikjp/ rj;jkplhky; ,Uj;jy; my;yJ kw;wth;fSf;F gjpy; mspf;fhky; ,Uj;jy;					
7.	FHe;ijf;F bgUlr;R cs;sJ					
8.	Kfk; rpte;J fhzg;gLjy;					
9.	FHe;ijf;F gaKWj;jf; Toa fdt[fs; tUfpwJ					
10.	FHe;ijapd; clw;TWfs; mjpf gak; cs;sjhf fhl;LfpwJ (v.fh.) mjpfkhf nth;j;jy;					
11.	FHe;ijapd; tha; cyh;e;J fhzg;gLjy;					
12.	jw;ghJfhg;g[gw;wpa gak;					
13.	FHe;ij ed;whf kyk; fHpf;fpwJ					
14.	FHe;ij mjpf neuk; mGk;nghJ FHe;ijf;F the;jp vLf;f J}z;LfpwJ					
15.	FHe;ij tpisahLk; nghJ kfpH;r;rpahft[k;/ rphpg;g[IDk; fhzg;gLfpwJ					

APPENDIX - G

RATING SCALE FOR BEHAVIOURAL RESPONSE

S. No	Statement	Never	Rarely	Some time	Mostly	Always
1	*Absence of thumb sucking					
2	Verbally attacks stranger. (e.g) go away					
3	*Absence of bed wetting					
4	Physically attacks stranger. (e.g) kicks, bites.					
5	*Child play with their peer group in interestingly.					
6	Child become more aggressive when, other children are touching the child's play articles during the hospitalization.					
7	*Shows increased interest in surrounding					
8	Child attempts to running out of the ward					
9	Child sit closely to family members while playing					
10	Child feels bore while providing play articles.					
11	*Appears happy					
12	With drawl and shyness					

13	*Child shows interest with caring the doll always.					
14	Child doesn't have any interest with dramatic play.					
15	*Child has interest with hearing stories					
16	Child has irritable cry during the period of hospitalization					
17	*Good interaction					
18	*Child using trial and error when playing					
19	Child have fearful of bodily harm, while performing the invasive procedures					
20	Alert, looks around occasionally, notice or follows physician's actions					

***Positive statement**

Score for positive behavior

Never -1 , Rarely - 2, Some time - 3, Mostly - 4 Always - 5

Score for negative behavior

Never - 5, Rarely - 4, Some time - 3, Mostly - 2, Always - 1

Total score - 100

Bad behavioral response - 1 - 33

Fair behavioral response - 34 - 64

Good behavioral response - 65 - 100

Source: Wongs. D.L., "Nursing care of infant and children", 2006.

gFjp – ,

eltof; ifia fz; lwpak; mst[nfh;

t. vz;	thf;fpak;	xUnghJk; ,y;iy	vg;bghG- jhtJ	bghJthf	mof;fo	vg;bghGJk;
1.	*bgUtpuy; rg;gljy; fhzg;gl tpy;iy					
2.	thapd; thh;j;jfshy; md;dpah;fis jhf;Fjy; (v.fh) btspna ngh					
3.	*gLf;ifapy; rpWePh; fHpj;jy; fhzg;gltpy;iy					
4.	cly;hPjpahf md;dpah;fis jhf;Fjy; (v.fh) foj;jy;/ cijj;jy;					
5.	*FHe;ij mjd; rk taJ cs;sth;fspk; tpisahl mjp Mh;tk; fhl;LfpwJ.					
6.	FHe;ij kUj;Jtkidf;F cl;gLk; nghJ mjd; tpisahl;Lg; bghUl;fis kw;w FHe;ijfs; bjhl;lhy; mjp nfhgk; milfpwJ					
7.	*Rw;Wg;g[wj;jpy; mjp ftdk; brYj;Jjy;					
8.	FHe;ij kUj;Jtkidapd; xU gFjpia tpl;L btspna Xl Kw;gLfpwJ.					
9.	*FHe;ij tpisahLk; nghJ mjd; FLk;gj;jpdhpd; mUfhikapy; mkh;e;J tpisahLfpwJ.					
10.	FHe;ijf;F tpisahLg; bghUl;fs; bfhLf;Fk; nghJ FHe;ijf;F rypg;g[Vw;gLfpwJ					
11.	*re;njh#khf njhw;wkspj;jy;					

12.	jd;idj;jhd; btWj;jy; kw;Wk; btl;fg;gLjy;					
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t. vz;	thf;fpak;	xUnghJk; ,y;iy	vg;bghG- jhtJ	bghJthf	mof;fo	vg;bghGJk;
13.	*FHe;ij jd;DId; bghk;ikfis vLj;Jr; bry;y vg;bghGJk; mjpf Mh;tk; fhl;LfpwJ					
14.	ehlf tpisahI;oy; FHe;ijf;F <LghL ,y;iy					
15.	*fijfs; nfl;gjpy; FHe;ijf;F Mh;tk; ,Uf;fpwJ					
16.	FHe;ijja kUj;Jtkidf;F cl;gLj;Jk; nghJ vhpr;ryile;j mGif fhzg;gLfpwJ					
17.	*ey;y <LghL cz;L					
18.	*FHe;ij tpisahLk; nghJ xj;jpif kw;Wk; jtiw cgnahfpf;fpwJ					
19.	clypd; cs; bra;ag;gLk; rpy ntiyfspd; nghJ FHe;ij cly;hPjpahd cghaj;jpw;F gag;gLfpwJ					
20.	\$hf;fpiahf Rw;wp nehf;fp kUj;Jthp[d; bra;iffis ftdpj;jy;					

APPENDIX - H

THERAPEUTIC PLAY PROCEDURE

Therapeutic play can help to decrease pain, decrease emotional distress, meet treatment goals, teach new skills, and promote mastery. Therapeutic play may occur at a child's bedside or in an activity room. Therapeutic play include medical kids such as play thermometer, syringe, stethoscope, kidney tray etc...was used.

Procedure:

Day 1 :- Assess pretest for 35 – 40 mts.

Morning :- Provide 30 mts therapeutic play.

Evening :- Provide 30 mts therapeutic play.

Day 2 :-

Morning :- Assess post test for 30 – 35 mts.

Immediately after completing the post test, the pre test for other children was started. Therapeutic play was provided for 2 – 3 children per day.